The Medical Services of the New Poor Law in County Durham: 1834-1910

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Abstract

This thesis analyses the development of New Poor Law medical services in three contrasting Durham unions from 1834 to 1914. The county makes an excellent choice to investigate these services because it experienced rapid population growth following mining and industrial expansion, which produced a disparate range of economies and communities. The thesis scrutinizes medical services in a large port town of Sunderland, the mining community of Chester-le-Street, and the vast and remote, rural Weardale. The research utilizes evidence from administrative records and surviving pauper documents in order to understand the challenges and experiences of those administering, delivering and receiving medical care. The research makes comparison with other unions across the country.

The thesis analyses the development of medical services in the Durham unions, and shows that the universal New Poor Law had constant exceptions in the provision of medical services in Durham's unions. Despite the unions spending less on medical care than other parts of England the thesis does not conclude that a north-south divide accounts for this difference. Instead, it recommends investigation into the alternative medical services available in the county which may account for the differences. Analysis of several case studies reveals the range of difficulties faced by sick paupers, medical officers and nurses, including a bureaucratic system that created conflict, settlement laws that created obstacles for the sick poor and negative attitudes of the administrators towards those in need of care. The research argues that poor law nursing contributed to the development of nursing as a profession and deserves greater recognition by historians. The thesis also exposes the inefficient administrative processes that restricted the uptake of vaccination in the three unions and concludes that compulsion did not contribute to increased uptake of vaccination in the Durham unions.

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For my son

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Introduction, Historiography and Methodology

Significance of the Thesis

This study analyses the changes in medical care following the introduction of the New Poor Law in the urban, mining and rural unions of County Durham. Despite the fact that sickness was a major cause of pauperism, the 1834 Poor Law Amendment Act made very little reference to medical relief and the poor law commissioners simply advised guardians to appoint 'some competent person' as medical officer.[1] Nevertheless, poor law medical services expanded across the nineteenth century to form a major part of poor law provision. This thesis surveys the development and progress of poor law medical services over the period 1834 to 1914 and analyses the changes as they affected medical practitioners, nurses and the sick poor.

A county case study approach has a number of advantages. It allows close scrutiny of the day-to-day practicalities and experiences of how the New Poor Law operated at local level. By understanding the complexity of arrangements and experiences we can enhance our understanding of poor law policy and its impact, bringing local reality to a national policy. A county approach also allows detailed comparison between unions within the county to identify similarities and differences in policy implementation and to understand the experiences of those administering and those receiving medical relief. Comparison of unions with similar or different socio-economic characteristics prompts further comparison with unions elsewhere in the country. Consequently, this thesis scrutinizes County Durham's poor law medical provision and compares the conditions and status of medical practitioners and nurses of the urban and rural unions of the county with counterpart unions across the country.

County Durham makes an excellent choice because it had a disparate range of economies and communities. It experienced the fastest growing population in the country following the expansion of coalmining and industrialization. The county consequently contained a number of urban unions and ports and several mining unions, which provide opportunities to compare communities with similar socio-economic characteristics. Despite the dominance of urban communities, the county still retained areas of countryside, some surrounding and contained within urban unions and others such as Weardale and Teesdale that were extensive, mountainous, remote and dependent on a declining lead mining industry and agriculture. So, the thesis also compares aspects of union organization and

[1] *First Annual Report of the Poor Law Commissioners for England and Wales* (House of Commons, 10 August 1835), Appendix A, No. 6, 22, p. 52.

poor law medical provision in the rural Weardale union with rural unions in other parts of England and Wales.

The unions of County Durham did not experience any significant resistance to the introduction of the New Poor Law which facilitated their rapid formation over a three-month period from December 1836 to February 1837. This lack of opposition resulted from the low levels of pauperism in a county with buoyant industries and high levels of employment.[2] In addition, the diverse economy across the county meant it could ward off the economic depression of the 1830s, which both Yorkshire and Lancashire experienced, until the 1840s when the Durham unions had already formed.[3] This delayed economic impact has allowed comparison of poor law medical services between unions free of resistance from their incorporation. The assistant poor law commissioners also played a key role in the establishment of unions. Those with good communication skills and those who adopted a persuasive and diplomatic approach proved most effective securing local support. Despite their importance maintaining relationships between local and central authorities, historians have neglected their role in favour of the commissioners as policy makers. This thesis addresses the importance of the assistant commissioner's role in affecting a smooth implementation of Durham's unions within a three-month period, and in maintaining relationships between the local and central authorities.

To understand the challenges of delivering and receiving poor law medical care it is essential to understand the organizational and structural features of unions under which they operated. These conformed to standard principles instituted by the central authorities with different unions of the county experiencing different challenges. To understand these differences the thesis focuses on three disparate unions:- Sunderland, an expanding industrial port; Chester-le-Street, an expanding mining community; and Weardale, a declining, widespread rural area. The thesis investigates the composition of boards of guardians and the agents and factors that influenced local policy development. It also examines the challenges faced by these three unions to operate medical services within the same union structures and compares and evaluates key aspects of medical provision with comparable unions in other parts of the country.

The thesis argues that medical and nursing care improved in the county over the second half of the nineteenth century. Advances in surgery and laboratory medicine facilitated the growing status and

[2] Peter James Dunkley, 'The new poor law and county Durham' (unpublished master's thesis, Durham University, 1971), pp. 121, 151 & 154.
[3] Dunkley, 'The new poor law and county Durham', pp. 118-119.

professionalization of medical practitioners and signalled the importance of professional nursing care.[4] This study analyses the changes as they affected medical providers in the Durham unions and compares these with unions in other parts of the country. Using rare pauper evidence and evidence of medical care providers and administrators, the thesis also examines experiences of medical care in the Durham unions through a series of case studies over the second half of the nineteenth century. These illustrate the obstacles and challenges that administrators, doctors, nurses and patients had to deal with and overcome at various times.

This study agrees with Lambert and Brunton that historians have neglected the study of the smallpox vaccination programme in England and Wales, which makes this study an important contribution to the historiography.[5] The thesis analyses the effectiveness of the organizational procedures to facilitate parental access to vaccination along with analysis of uptake. The thesis argues that the inclusion of men with medical expertise on national policy making bodies in the 1860s had a significant influence on the processes and procedures at local level which led to the improvement in vaccination uptake. The thesis also argues that the vaccination programme in the Durham unions did not gain any significant benefits from the introduction of compulsory vaccination measures. These debates and the lack of studies in this area indicate the need for more local investigations.

Historiography

Many of the questions of local studies of poor law medical services have emerged from large-scale studies of welfare policy making. Those of Thane, Harris and Fraser merit some attention because they reference aspects pertinent to this study.[6] The starting point and span of these studies determines the structures and institutions that form the contours of their analysis. Harris for example, began his investigations of the British welfare state in 1800 which included not only the New Poor Law of 1834 but also the latter part of the Old Poor Law. By starting at 1800 Harris was

[4] Thomas Schlich, 'The emergence of modern surgery', in *Medicine Transformed, Health, Disease and Society in Europe 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004), pp. 61-91, (p. 89); Deborah Brunton, 'The rise of laboratory medicine', in *Medicine Transformed, Health, Disease and Society in Europe 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004), pp. 92-118, (pp. 115-116); Deborah Brunton, 'The emergence of a modern profession', *Medicine Transformed, Health, Disease and Society in Europe 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004), pp. 119-150, (pp. 147-149).

[5] R. J. Lambert, 'A Victorian National Health Service: State Vaccination 1855-71', *The Historical Journal,* 5, (1962), 1-18, p. 1; Deborah Brunton, *The Politics of vaccination: practice and policy in England, Wales, Ireland and Scotland, 1800-1874* (Rochester: University of Rochester Press, 2008), pp. 1-2.

[6] Derek Fraser, *The Evolution of the British Welfare State: a history of social policy since the Industrial Revolution* (Basingstoke: Palgrave macmillan, 2009); Pat Thane, *Foundations of the Welfare State* (London and New York: Longman, 1996); Bernard Harris, *The Origins of the British Welfare State: Society, State and Social Welfare in England and Wales, 1800-1945* (Basingstoke: Palgrave macmillan, 2004).

able to examine the government's response to the changing needs of individuals in an increasingly industrialised society. He claims that significant social policy developments, important to the emergence of state welfare, emerged in the early and middle decades of the nineteenth century.[7] This study provides a local view of welfare changes in an industrial setting incorporating aspects of the Old and New Poor Laws that supports this claim. Thane investigated the development of social policy between 1870 and 1945 on the grounds that the 'Liberal governments between 1906 and 1914' had established the structures of state welfare, and that they had emerged from the discourses that began in the 1870s. She claims that these provided the foundation of subsequent welfare developments to the present day.[8] However, she omits the crucial debates of the earlier decades of the nineteenth century which led to the introduction of the first state health care vaccination service and the formative poor law medical developments from 1834. Although the New Poor Law made no mention of medical relief, it marked the beginning of a rapid expansion in publicly funded medical services. The commissioners instituted standardised medical processes and procedures across the country through the 1842 and 1847 Orders. These included the establishment of medical officers' qualifications which anticipated the 1858 Medical Act.[9] The 1840 Vaccination Act introduced a free vaccination service, for paupers and non-paupers alike, under the control of the poor law authorities, which went beyond their usual remit of relief for the poor. This thesis contributes to the New Poor Law medical literature by arguing that the period 1834-1870 saw significant medical advances in County Durham's industrial areas, with initiatives and services developed and operated under the New Poor Law. These poor law medical services are frequently neglected in policy history.

Analysis of the Poor Law Commissioners' report of 1834 revealed a strong bias towards evidence from the agricultural southern counties of England. This has led historians to consider the implications of the New Poor Law for northern industrial areas of the country with a tendency to generalise by comparing northern areas with southern areas of England. According to Blaug the Commission's report of 1834 was a distortion of the truth, a view generally endorsed by later poor law historians, such as Crowther, Renwick, Fraser, Harris and Lees.[10] Crowther, for example, states

[7] Harris, *The Origins of the British Welfare State,* pp. xi-xii.
[8] Thane, *Foundations of the Welfare State*, pp. 4-5.
[9] *The Medical Act,* XXI & XXII Vict. c. 90; Joan Lane, *A Social History of Medicine, Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2011), p. 63.
[10] Mark Blaug, 'The myth of the Old Poor Law and the making of the New', *Journal of Economic History,* 23, (1963), 151-184, p. 152; Chris Renwick, *Bread For All, The Origins of the Welfare State* (London: Penguin Books, 2017), p. 21, '[the report] concentrated on labourers …. In the south of England'; Fraser, *The Evolution of the British Welfare State*, p. 48, '[the report was] a piece of propaganda for a predetermined case'; Lynn Hollen

that the Commissioners took more account of the agricultural southern counties, and that the report's assessment lacked statistical rigour.[11] Adding to this Harris says that the commissioners 'exaggerated the perceived evils of the Old Poor Law'.[12] Using evidence from the commissioners' 1832-34 investigations, this thesis will show that the commissioners' summary report did not represent the views provided by the County Durham overseers and ruling elite, on the expenditure and operation of poor relief under the Old Poor Laws.

HISTORIOGRAPHY PART ONE

Binary Debates

Generalisations have often masked the differences found in the operation of the poor law at a local level. Hodgkinson, for example, remarks on the 'marked difference between north and south, between agricultural and urban areas', and the range of problems and solutions experienced across the country.[13] She found the 'independent northern poor were offered little relief', and relied on unqualified quacks, whereas the poor of the agricultural south regarded medical aid as a right from the often overworked medical officers.[14] Englander also generalizes when he claims that the different pressures on poor rates between the north and the south accounts for whether the elite welcomed the advent of the New Poor Law in their localities. However, he also points to local studies that show responses varied from region to region and within and between unions.[15] This study agrees with Englander, that responses varied at local level. For example, the diverse industrial economy of County Durham made it easier for the county's elite and its decision makers to accept the New Poor Law than its textile based neighbours, in West Yorkshire and Lancashire, with narrow-based economies.[16] Contrasting rural and urban poor law medical services, Flinn highlights the difficulties sick people had in reaching medical practitioners in the remote rural districts.[17] On the use of the workhouse as a deterrent, Fraser writes that in the early decades of the New Poor Law more and more paupers received outdoor medical relief with the workhouse used for the impotent

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Lees, *The Solidarities of Strangers, The English Poor Laws and the People, 1700-1948* (Cambridge: Cambridge University Press, 1998), p. 118, 'the commission focused on limited themes …. Particularly …. Local labour market …[and]… rural parishes'.

[11] M. A. Crowther, *The Workhouse System 1834-1929, The History of an English Social Institution* (London: Methuen, 1981), p. 14.

[12] Harris, *The Origins of the British Welfare State,* p. 46.

[13] Ruth G. Hodgkinson, *The Origins of the National Health Service: The Medical Services of the New Poor Law, 1834-1871* (London: The Wellcome Historical Medical Library, 1967), p. xv.

[14] Hodgkinson, *The Origins of the National Health Service,* p. 8.

[15] David Englander, *Poverty and Poor Law Reform in 19th Century Britain, 1834-1914, From Chadwick to Booth* (Abingdon: Routledge, 1998), p. 84.

[16] Englander, *Poverty and Poor Law Reform in 19th Century Britain, 1834-1914,* p. 85.

[17] Michael W. Flinn, 'Medical Services under the New Poor Law', in Derek Fraser, ed. *The New Poor Law in the Nineteenth Century* (London: The Macmillan Press, 1976), 45-66, p. 49.

poor and seriously sick. By 1859 the able-bodied constituted only 16.13% of the inmates in the country's workhouses and declined further to 13.52% in 1874.[18] Large urban workhouses developed separate sick wards, but the less populated rural unions had limited, if any, separate sick facilities. This thesis compares aspects of the New Poor Law medical services of unions, counties and regions in order to identify the similarities and differences. It shows that the debates and experiences of the New Poor Law, particularly those of the medical services, cannot be explained or understood through a binary lens, such as north versus south, urban versus rural, rural versus rural, urban versus urban, county versus county, central versus local or Old Poor Law versus New Poor Law. Nevertheless, as the remainder of part one of this historiography will show, these binaries have provided a useful mechanism to identify aspects that would benefit from further research at local level. The findings expand the existing body of knowledge on poor law medical services and add to those of other local studies by showing that diversity, in the operation of medical services and the experiences of the givers and receivers of the medical services, is apparent in both regions and counties and evidenced across and within the county's unions.

Urban versus Rural, Rural versus Rural and Urban versus Urban Unions of County Durham

Social systems operated at local level differ to some degree from one locality to another which signifies the importance of local poor law studies. Englander describes the New Poor Law Amendment Act of 1834 as 'the single most important piece of social legislation ever enacted' that affected most aspects of people's lives.[19] Such an impact makes it difficult for historians to differentiate and depict the full effects of the New Poor Law. In accord with this view, Lees says that despite the voluminous works on the poor laws we still know little about how the various parts of the system operated and how they changed.[20] This thesis develops Lees view that local communities shaped the English poor laws because that is where they were enacted and operated.[21] This underlines the importance of intra county comparison as this thesis's contribution to the ever-broadening history of the poor laws. As a result of taking a local approach it is possible to compare aspects of the poor law medical services in urban and rural unions of County Durham with each other, but also with research findings in other localities across England and Wales.

[18] Derek Fraser, 'Introduction', in Derek Fraser, ed. *The New Poor Law in the Nineteenth Century* (London: The Macmillan Press, 1976), 1-24, p. 5.
[19] Englander, *Poverty and Poor Law Reform in 19th Century Britain, 1834-1914,* p. 1
[20] Lees, *The Solidarities of Strangers,* p. 9.
[21] Lees, *The Solidarities of Strangers,* p. 7.

This is especially revealing in rural areas, where a number of socio-economic factors affected poor law medical services including population fluctuations and density, terrain, and employment opportunities. Anne Digby calls for more research on rural areas because historians have concentrated most poor law research on urban areas.[22] This seems surprising given the Poor Law Commissioners hoped to see the greatest change in the counties of the South of England as a result of the New Poor Law Act.[23] This thesis scrutinizes the poor law medical services of Weardale with comparisons made with other rural unions across England and Wales, adding to this under-researched area. It is possible that historians have been attracted to urban areas because by 1901, as a result of population movement, more than three-quarters of the population lived in an urban area.[24] Crowther found that workhouse admissions 'fluctuated with the local economy' and that rural workhouses, serving agricultural communities, had more admissions during the winter months due to seasonal employment patterns.[25] On a similar point Digby found that many rural unions revised their poor relief systems according to their socio-economic conditions.[26] She points to the diverse character of rural unions: some suffered population decline, some contained variable land ownerships, yet others covered vast swathes of land with limited access to poor law services.[27] Digby also maintains that the New Poor Law did not resolve the employment problems of rural areas, but migration schemes encouraged movement of labourers, especially to the industrial north.[28] This thesis will contribute to the historiography by examining both the remote rural unions of the Durham Pennine area and the rural hinterlands of Durham's urban unions to identify the socio-economic conditions, the similarities and differences in medical operations and the challenges the different rural districts faced. Both Digby and Ashforth found variety in the operation of the poor laws and continuity of practice between the Old and New Poor Laws in both rural and urban settings.[29] The urban unions of Gateshead and Sunderland had rural hinterlands with conflicting interests and variable service levels of relief, especially medical relief. As we shall see in chapters one and two, the rural districts of Durham's urban unions experienced similar challenges to the rural unions of the county in order to deliver medical relief which accords with both Digby's and Ashforth's findings.

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[22] Anne Digby, 'The Rural Poor Law', in Derek Fraser, ed., *The New Poor Law in the Nineteenth Century'* (London & Basingstoke: Macmillan Press, 1976), p. 149.
[23] Samantha A. Shave, *Pauper Policies, Poor Law Practice in England, 1780-1850* (Manchester: Manchester University Press, 2017), p. 7.
[24] *Census of England and Wales 1901, Summary Tables: Area, Houses and Population,* (London: HMSO, 1903), p. 44.
[25] Crowther, *The Workhouse System 1834-1929,* p. 230.
[26] Digby, 'The Rural Poor Law', p. 149.
[27] Digby, 'The Rural Poor Law', p. 150.
[28] Digby, 'The Rural Poor Law', pp. 154-156.
[29] Fraser, 'Introduction', p. 14.

This thesis scrutinizes the urban unions of County Durham to examine the range of factors that historians have highlighted as impacting on poor relief. Ashforth found that urban centres varied considerably, with some experiencing population and industrial growth whilst others stagnated.[30] So it is important that historians of urban unions compare rather than generalize with other urban unions. Ashforth found pockets of resistance in Yorkshire and Lancashire which derived in part from the commissioners' report of 1834. He reasoned that the commissioners did not adequately describe the industrial areas of the country.[31] Crowther writes that the commissioners' expected problems introducing the workhouse system in the 'heavily pauperized agricultural unions in the south', but instead opposition came from the 'less pauperized industrial unions'.[32] Fraser attributes this to the industrial unions preference to give short-term out-relief during periods of economic downturn.[33] However, other historians have found pockets of resistance in other parts of the country. For example, Eastwood reports unrest in Banbury, parts of Bedfordshire and other parts of the south and east.[34] So clearly resistance was not confined to urban unions. These findings demonstrate the diversity of experience implementing the New Poor Law across England and Wales. This study will show that County Durham experienced no opposition to the introduction of the New Poor Law. Thompson points to the importance of economic factors. She concluded from her research on the Leicester union that the New Poor Law could work in an urban setting at times of economic stability.[35] McCord also found that a stable economy facilitated the implementation of the New Poor Law on Tyneside.[36] Industrial urban unions, in general, had fewer paupers than southern agricultural unions. However, this could increase at times of economic downturn. In Durham, Ashforth found that urban unions adopted stricter relief policies in the economic depression of the 1840s with increased use of the deterrent workhouse. Dunkley made similar findings in the Durham unions where the 'principles of 1834' gained a foothold.[37] However, Ashforth also found that urban unions, including those in Durham, generally provided only a small proportion of paupers with indoor

[30] David Ashforth, 'The Urban Poor Law', in Derek Fraser, ed., *The New Poor Law in the Nineteenth Century* (London & Basingstoke: Macmillan Press, 1976), p. 128.
[31] Ashforth, 'The Urban Poor Law', pp. 131-132.
[32] Crowther, *The Workhouse System 1834-1929,* pp. 44-45.
[33] Fraser, *The Evolution of the British Welfare State,* p. 58.
[34] David Eastwood, *Governing Rural England, Tradition and Transformation in Local Government 1780-1840* (Oxford: Clarendon Press, 1994), p. 185.
[35] Kathryn M. Thompson, 'The Leicester Poor Law Union, 1836-71' (unpublished doctoral thesis, University of Leicester, 1988), p. 309.
[36] Norman McCord, 'The Government of Tyneside, 1800-1850', read 10 January 1969, p. 9, <https://doi.org/10.2307/3678760>, [accessed 1 December 2020].
[37] Peter Dunkley, 'The 'Hungry Forties' and the New Poor Law: a Case Study', *The Historical Journal,* 17, (1974), 329-346, p. 335.

relief.[38] This thesis expands on these findings by demonstrating that a range of factors, including economic issues, influenced the operation of poor law medical relief in the urban unions of Durham.

The availability and the qualifications of medical practitioners varied considerably between urban and rural unions across the country. Because there was no clearly understood definition of who was and was not a medical practitioner, the poor law commissioners advised guardians to contract for medical services with some person 'duly licensed to practice'.[39] Hodgkinson concludes that the commissioners relied entirely on the 'medical profession', which presumably included those appointed by the guardians, to protect the public.[40] The lack of a clear differentiation between medical practitioners, by the national or local authorities, created a problematic and uncertain status for medical practitioners and those who used their services. According to Negrine and others the use of the term 'medical profession' implied a more unified profession than existed in the early and mid-nineteenth century.[41] The qualifications and availability of medical practitioners across County Durham varied from union to union with rural unions facing the greatest difficulties to secure the appointment of medical officers. Under the Old Poor Laws, the county's parishes utilized a wide range of medical practitioners, including surgeons, physicians, apothecaries, midwives, bonesetters, herbalists and opportunists, all with varying skills and knowledge which confirms Lane's finding that during the eighteenth and nineteenth centuries, similar practices operated across the country.[42] The absence of any common agreement on what constituted a qualified medical practitioner led to varied practices in the appointment of medical officers across the country in the early years of the New Poor Law.[43] This thesis adds to the historiography of the poor law medical services by investigating the qualifications and availability of medical practitioners across Durham's unions differentiating between the urban and rural districts.

Like medical practitioners, nursing debates centred more on urban-rural differences than on north-south variances. In the early decades of union operation unions across the country used pauper nurses extensively, largely because of their easy and cheap acquisition. However, pauper nurses frequently neglected those in their care.[44] Price provides evidence that unions gained benefits from

[38] Ashforth, 'The Urban Poor Law', p. 134.
[39] Hodgkinson, *The Origins of the National Health Service,* p. 66.
[40] Hodgkinson, *The Origins of the National Health Service,* pp. 67-68.
[41] Angela Negrine, 'Medicine and Poverty: A Study of the Poor Law Medical Services of the Leicester Union, 1867-1914' (unpublished doctoral thesis, University of Leicester, 2008), p. 9.
[42] Lane, *A Social History of Medicine,* pp. 51-52.
[43] Hodgkinson, *The Origins of the National Health Service,* pp. 68-69.
[44] Kim Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c. 1834-1900* (London: Bloomsbury, 2015), p. 128.

the use of professional nurses over those of pauper nurses. He highlights the argument of Dr Arthur Downes, a London metropolitan medical inspector, who claimed that although professional nurses cost more, they provided better care and a better service, along with efficiency savings through, amongst other things, faster recovery times, decrease in food and drugs wastage, and improved detection of malingering.[45] Price illustrated Downes' argument through the impact made by a professional nurse at the Strand workhouse, in the 1860s which was pivotal in securing beneficial change for paupers.[46] This case bore some similarities to an early appointment of a professional nurse in the Sunderland workhouse which is examined in chapter four of this thesis. The case illustrates how the work of professional nurses facilitated improvements for the wider pauper inmates as well as the sick poor. The next section of the historiography expands further on both medical officers and poor law nursing.

The opinions of historians vary on the degree and quality of medical care provided under the Old and New Poor Laws. Lane argues that the well-established medical service of the Old Poor Law declined with the coming of the New Poor Law.[47] Price concurs with this view and maintains that a range of expensive medical treatments provided under the Old Poor Law were withdrawn by the guardians.[48] Digby contends that the New Poor Law 'provided a more uniform' medical system but the quality of care for outdoor paupers deteriorated. She attributes this decline in service to the guardians' adherence to economy.[49] However, Flinn considers that the development and rapid growth of medical relief was one of the remarkable achievements of the Victorian period.[50] The regional variations that resulted from changing economic circumstances, the different needs of various communities, and the diverse views of guardians across the country could explain these contrasting views. Therefore, this thesis compares such varied unions within the same county to evaluate these variations.

Medical relief under the Old Poor Laws varied across England with little evidence of systematic provision in the north compared to the south of the country. Marland's study of Wakefield and Huddersfield explained differing medical services based on class structure and social, civic and economic developments of the towns. She found that the 'self-help forms of medical relief were of

[45] Price, *Medical Negligence in Victorian Britain,* p. 128.
[46] Price, *Medical Negligence in Victorian Britain*, p. 62.
[47] Lane, *A Social History of Medicine,* p. 54.
[48] Price, *Medical Negligence in Victorian Britain,* p. 11.
[49] Anne Digby, *Making a medical living, Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), p. 244
[50] Flinn, 'Medical Services under the New Poor Law', p. 48.

greater significance' than previously thought.[51] This differs from Hodgkinson's finding on the influence of charitable medical services.[52] However, Hodgkinson's conclusion related to the national scene, so it would be useful to know if Marland's findings are replicated at local level elsewhere. Marland's finding also contrasts with Dunkley's conclusions regarding the lack of medical relief in Durham. However, Dunkley's focus on administrative aspects of the poor law and the relationship between national and local authorities, rather than the wider social systems and services that were in operation, could account for this difference.[53] Other historians have found that people across England had access to alternative medical services, especially those provided by employers and workers medical clubs.[54] These medical services provided protection for workers from becoming pauperized and also maintained a workforce for the employer.[55] Alternative medical services would benefit from greater research than currently exists in order to identify the localities and industries that operated these alternative services and the extent of the benefits under both the Old and New Poor Laws.[56]

Recent poor law studies have focused on the Old Poor Law and most New Poor Law studies give some consideration to the transition from the Old Poor Law.[57] As the 1834 Act developed from earlier poor relief principles and convictions these studies provide a valuable resource in order to understand the alleged shortcomings that led to the new Act, especially as it shaped medical relief. One aspect of change concerns the shift in administrative power. According to Eastwood a number of legislative reforms in the 1830s, including the poor law Act, heralded a shift in authority from the magistracy towards a bureaucratic model.[58] However, Brundage claims that the landed magnates, in their capacity as magistrates, maintained control of poor law administration.[59] Driver reasons that

[51] M. H. Marland, 'Medicine and Society in Wakefield and Huddersfield, 1780-1870' (unpublished doctoral thesis, University of Warwick, 1984), p. ix. Marland equates 'self-help' with 'friendly societies' largely generated by the working-classes, see pages 251-292.
[52] Hodgkinson, *The Origins of the National Health Service,* pp. 617-618.
[53] Dunkley, 'The new poor law and county Durham'.
[54] Flinn, 'Medical Services under the New Poor Law', pp. 54 & 58; Norman McCord, 'The Poor Law and Philanthropy', in Derek Fraser, ed., *The New Poor Law in the Nineteenth Century* (London & Basingstoke: Macmillan Press, 1976), pp. 111-127.
[55] Marland, 'Medicine and Society in Wakefield and Huddersfield, 1780-1870' p. 251.
[56] Marland, 'Medicine and Society in Wakefield and Huddersfield, 1780-1870' p. 255.
[57] Samantha Williams, *Poverty, Gender and Life-Cycle Under the English Poor Laws 1760-1834* (Woodbridge: Boydell, 2011)*;* Steven King, *Poverty and welfare in England 1700-1850* (Manchester: Manchester University Press, 2000); Allanah Tomkins, *The Experience of Urban Poverty, 1723-82: Parish, Charity and Credit* (Manchester: Manchester University Press, 2006); G. Boyer, *An Economic History of the English Poor Law 1750-1850* (Cambridge: Cambridge University Press, 2008); Steven King, *Sickness, medical welfare and the English poor 1750-1834* (Manchester: Manchester University Press, 2018).
[58] Eastwood, *Governing Rural England,* p. 23.
[59] Anthony Brundage, 'The Landed Interest and the New Poor Law: A Reappraisal of the Revolution in Government', *The English Historical Review,* 87, (1972), 27-48, pp. 28-29

the extent of Brundage's argument depends on the character of local influence. He argues that within the framework of local authority the individual guardian had limited power under the New Poor Law compared to the landowning magistrates of the Old Poor Law.[60] He claims that across England and Wales, the boards of guardians differed in character from those of Northamptonshire that Brundage based his argument on. Dunkley maintains that the *ex-officio* guardians played a greater role influencing poor law policy rather than simply over-ruling the decisions of others, as they did under the Old Poor Laws.[61] Much of this debate turned on the typicality of Northamptonshire which suggests the need to examine the problem in other counties. Digby found the landed gentry in rural unions tended to influence the formation and operation of unions in the early years, but this increasingly changed to indirect influence through their agents or tenants.[62] This thesis will offer new evidence to address conflicting accounts of the continuity or decline of magistrates' influence after the introduction of the New Poor Law. This thesis adds to the debate by considering the role played by the tenants and agents of Durham's landed magnates.

The introduction of the New Poor Law created a hierarchy of authority with a central board overseeing the operation of poor relief at local level. Dunkley found that the central authorities allowed a great deal of local discretion and that guardians rejected many of the doctrines which formed the basis of the New Poor Law legislation.[63] Price points to the tendency of Victorian governance to balance central and local power but argues this balance weighed in favour of laissez faire and localized governance.[64] This thesis extends this debate by demonstrating the reluctance of the central authority to undermine union guardians and that while they allowed local discretion, they did not apply local discretion uniformly or consistently across the unions of County Durham.

Assistant commissioners as representatives of central authority played an important role in assisting relations between central and local decision makers. Driver argues that the successful implementation of the 1834 Act depended on the diplomatic skills of the assistant commissioners, especially in the northern industrial unions.[65] In order to overcome local hostility, especially in the early years, assistant commissioners needed ambassadorial skills and sway to affect a smooth transition. Historians such as Ashforth and Driver found that assistant commissioners, Alfred Power,

[60] Felix Driver, *Power and pauperism, The workhouse system 1834-1884* (Cambridge: Cambridge University Press, 1993), p. 33.
[61] Peter Dunkley, 'The Landed Interest and the New Poor Law: a critical note', *The English Historical Review,* 88, (1973), 836-841, p. 838.
[62] Digby, 'The Rural Poor Law', p. 153.
[63] Dunkley, 'The new poor law and county Durham', p. 276
[64] Price, *Medical Negligence in Victorian Britain,* p. 9
[65] Driver, *Power and pauperism,* pp. 42 & 34-35.

Charles Mott and William Day took a confrontational approach with guardians, which undermined any support they may have had in some of the industrial areas of Yorkshire, Lancashire and Wales.[66] Other historians such as Ashforth, Fraser and McCord agree that Walsham, as the North-East region's first assistant commissioner, successfully implemented the poor law unions there, including those in County Durham. They provide fulsome accounts of Walsham's style and mode of operation which they derived from the ease with which he established the unions. [67] This thesis goes further, by analysing the manner in which Walsham handled ongoing union issues and how he conducted relationships with guardians during his time as northeast assistant commissioner. The thesis adds to the historiography of the New Poor Law by providing a more complete depiction of Walsham's *modus operandi* in his oversight of the Durham unions.

HISTORIOGRAPHY PART TWO

Medical Officers

The tender process recommended by the poor law commissioners for the appointment of medical officers differed from that used for the appointment of other union officers. While the method found favour in some unions others quickly abandoned it. Hodgkinson found the tender system widespread across the country with opposition by medical practitioners from the outset.[68] Rothery also found opposition by medical practitioners to the tender process of appointment in Hertfordshire, but she also found boards of guardians who valued the method.[69] Chapter two of this thesis analyses the appointment of medical officers in County Durham in the early years of union operation. The findings add to the historiography by identifying the unions that readily rejected the tender process of appointment and those that preferred to retain it and the reasons for their choice. In order to establish a universal approach to medical officer appointments the commissioners outlawed the tender process along with the introduction of a medical order for the operation of other aspects of medical services.

The 1842 medical order introduced by the poor law commissioners in order to provide standard processes and procedures across England and Wales for the delivery of poor law medical services, created problems for some of England's rural districts and for northern counties. Shave found that

[66] Ashforth, 'The Urban Poor Law', p. 134; Driver, *Power and pauperism,* pp. 35 & 120.
[67] Ashforth, 'The Urban Poor Law', p. 134; Fraser, *The Evolution of the British Welfare State,* p. 59; Norman McCord, *North East England, An economic and social history* (London: B. T. Batsford Ltd, 1979), p. 91.
[68] Hodgkinson, *The Origins of the National Health Services,* pp. 73-74.
[69] Karen Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire c1830-1847' (unpublished doctoral thesis, University of Hertfordshire, 2016), p. 213.

pressure from medical organisations and a number of scandals provided the stimulus for the commissioners to prescribe a number of requirements that unions had to meet for the operation of medical services.[70] One requirement of the order stipulated the qualifications a medical officer needed to meet the criteria for appointment despite the fact a medical register did not exist until 1858. This made it difficult for guardians to confirm the qualification status of applicants. Brand observes that the requirement to have two medical qualifications meant that poor law medical officers had better professional training than many of his counterparts in private practice who were held in high regard.[71] However, Hodgkinson found that the requirement for medical officers to have two qualifications created problems for northern counties where many practitioners held Scottish qualifications.[72] Despite affirmation from the Home Office, that medical practitioners with Scottish qualifications satisfied the requirements to act as medical officers, the commissioners continued to enforce their original ruling.[73] This thesis expands on Hodgkinson's claims that northern counties experienced difficulties meeting the requirements for medical officers' qualifications. Chapter two compares the issues that different unions of the county had to deal with, both on appointments and other requirements of the medical order. This advances the historiography of poor law medical care by making comparison between the unions of the county and with other parts of England and Wales.

Historians have neglected research on medical provision in the rural unions and rural districts of northern England. In 1976 Digby maintained that historians had neglected poor law studies of rural unions across England.[74] This stimulated subsequent research which has tended to focus on southern agricultural areas rather than those in the mountainous regions of Wales and northern England.[75] Clark found a scarcity of medical practitioners in the rural districts of the Hollingbourne union in Kent.[76] However, in Rothery's study of Hertfordshire, she found no shortage of medical practitioners; in the St Albans union seven doctors made application for three medical districts, while eight applied for five districts in the Hitchin union, in 1835.[77] She describes both unions as agricultural with no major industries which meant that those issues impacting on employment

[70] Shave, *Pauper Policies,* p. 214.
[71] Jeanne L. Brand, 'The Parish Doctor: England's Poor Law Medical Officers and Medical Reform 1870-1900', *Bulletin of the History of Medicine,* 35, (1961), 97-122, p. 100.
[72] Hodgkinson, *The Origins of the National Health Service,* pp. 70-71.
[73] Hodgkinson, *The Origins of the National Health Service,* p.71.
[74] Digby, 'The Rural Poor Law', p. 149.
[75] For example, Anne Digby, 'The Rural Poor Law'; Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire c1830-1847'; Ann Clark, 'Compliance with Infant Smallpox Vaccination Legislation in Nineteenth-century Rural England: Hollingbourne, 1876-88', *Social History of Medicine*, 17, (2004), 175-198.
[76] Clark, 'Compliance with Infant Smallpox Vaccination', p. 197.
[77] Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire', p. 214.

prospects and practices would bear similarities to those in Hollingbourne and other districts with limited industrial activities.[78] Factors facilitating a good supply of medical practitioners included Hertfordshire's proximity to London, its position on major routes north, and the presence of aristocratic and other notable families. Remote rural areas, such as those in Wales and County Durham lacked these benefits, which would have otherwise attracted the presence of medical practitioners. Even urban unions with rural districts could find difficulties appointing qualified resident medical officers. In his study of the urban Gateshead union Manders found that the guardians had to appoint unqualified men and that they could not always find doctors resident in the union's rural districts such as Ryton.[79] In 1828 Gateshead had only six surgeons and apothecaries and even by 1849 the number had only increased to twelve.[80] However, the close proximity of Gateshead to Newcastle meant that the Gateshead guardians had easier access to a larger supply of medical practitioners. Wood found similar difficulties in the outlying medical districts of the populous Sunderland union.[81] This thesis expands on these difficulties in County Durham's urban unions and adds to the historiography by demonstrating the extent of the difficulties that the guardians of the remote Weardale union contended with to find qualified and reliable medical officers.

The status of medical practitioners compounded the problems that medical officers had to contend with, which included salaries, relationships with guardians and union officers, and a tendency by guardians to accord them with blame. Historians have shown a considerable amount of interest in the professionalisation and status of medical practitioners.[82] Hodgkinson describes the system of tendering 'as injurious to the poor and as repugnant to medical men as under the old system', leaving medical officers undervalued and underpaid.[83] The 1842 medical order that stipulated the requirements of a medical officer, and anticipated the 1858 Medical Act, makes professionalization and status an essential ingredient for any study concerning poor law medical services. Negrine contends that because medical officers were under the control of lay guardians, they lacked

[78] Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire', pp. 100 & 115.
[79] Francis William David Manders, 'The administration of the Poor Law in Gateshead Union, 1836-1930' (unpublished M. Litt. Thesis, University of Newcastle upon Tyne, 1980), p. 44.
[80] *Pigot & Co's National Commercial Directory for 1828-9* (London: J. Pigot & Co., 1829), pp. 203 & 609; *Ward's Northumberland and Durham Directory* (Newcastle-upon-Tyne: R. Ward, 1850), pp. 9-11, 15, 17-20, & 22-23.
[81] Peter Alfred Wood 'The activities of the Sunderland Poor Law Union 1834-1930' (unpublished M. Litt. Thesis, University of Newcastle upon Tyne, 1975), p. 141.
[82] Deborah Brunton, 'The emergence of a modern profession?'; Digby, *Making a medical living;* Penelope J. Corfield, 'From Poison Peddlers to Civic Worker: The Reputation of the Apothecaries in Georgian England, *Social History of Medicine,* 22, (2009), pp. 1-21; S. W. F. Holloway, 'Medical Education in England, 1830-1858: A Sociological Analysis', *History,* 49, (1964), pp. 299-324.
[83] Hodgkinson, *The Origins of the National Health Service,* p. 73.

autonomy which affected their status in the wider medical community.[84] Price suggests that medical officers did not have mass support for professional recognition which hindered their relationships with their employers, the guardians, and their patients, the sick poor. He claims that this lack of support accounts for the predilection to accord blame and negligence on medical officers which further hampered their status.[85] Chapter one of this thesis examines the environments in which medical officers of the Durham unions worked and chapter four scrutinizes a case in Weardale of a medical officer who the guardians unfairly dismissed. These provide useful additions to poor law medical literature by exposing the contrasting medical concerns of rural and urban unions.

In addition to medical officers lacking influence, they also contended with low salaries, which hampered the delivery of a quality medical service for the sick poor. Crowther attributes the low status of medical officers to the poor salary levels, treating destitute patients, working for the state with limited authority, and a veto on undertaking medical education or medical research within the union infirmaries. She concludes that the latter was 'the ultimate proof of inferior status'.[86] Digby found that despite the low salaries of medical officers the young newly qualified practitioners demonstrated an eagerness to build up a private practice by developing a reputation in public office.[87]In contrast, Hodgkinson found that some locally established practitioners undertook the role of medical officer in order to safeguard their existing private practice from newcomers.[88] Chapter two scrutinizes the appointments and salaries of the Durham unions' medical officers. Both Price and Crowther contend that contracting as a poor law medical officer and operating a private practice could lead to a conflict of loyalties.[89] Chapter four explores this theme in the Durham unions with two medical officers who neglected their poor law duties. The several findings will contribute to the historiography of poor law medical care and medical services by analysing the circumstances, the causes and the outcomes of the problems faced by medical offices in the different unions of the county and by making comparison of medical officer salaries with unions elsewhere.

Some historians have complained that too much attention has been given to administrative aspects of the poor laws, leading them to seek to recover the voice and experience of the poor.[90] Lees

[84] Negrine, 'Medicine and Poverty: Leicester Union', p. 11.
[85] Price, *Medical Negligence in Victorian Britain,* p. 22.
[86] Crowther, *The Workhouse System 1834-1929,* pp. 162-163 & 170,
[87] Digby, *Making a medical living,* p. 50.
[88] Hodgkinson, *The Origins of the National Health Service,* p. 82.
[89] Price, *Medical Negligence in Victorian Britain,* p. 12; Crowther, *The Workhouse System 1834-1929,* p. 157.
[90] For example, Tomkins, *The Experience of Urban Poverty, 1723-82*; Steven King, 'Friendship, kinship and belonging in the letters of urban paupers 1800-1840', *Historical Social Research,* 33, (2008), 249-77; Peter

highlighted the lack of attention given to gender, welfare receivers and welfare bargaining at local level, a challenge addressed in several later studies.[91] Englander refers to commonplace examples of the pauper voice in administrative records. He points to the many complaints the central authority received from individuals with copies sometimes sent to the guardians for comment.[92] In similar vein, Shave points to some of the dangers if histories ignore administrative and other aspects. For example, a lot of information about paupers comes from administration records. In addition, paupers' lives operated in a political, social, cultural and economic context, which paupers in turn influenced. She advises that researchers should take a dynamic approach, which understands the administrative systems of the poor laws, and at the same time takes account of the experiences of the poor.[93] This study takes Shave's suggested approach utilizing evidence from a range of sources, including administrative and pauper evidence amongst others. There are very few recent studies on the New Poor Law, so this thesis advances the historiography of the New Poor Law and its medical services by exposing the experiences of all those involved in medical care in the Durham unions, especially the medical officers, nurses and the sick poor.

The treatment of medical officers and the sick poor varied across the country. Price claims that the sick poor suffered neglect in a system designed for other purposes.[94] In his study of medical services in the workhouses of Birmingham and Wolverhampton, Ritch found that the workhouse provided 'significant, and at times high quality, medical treatment for the poor'.[95] Under both the Old and New Poor Laws Butler found a wide range of poor law medical provision available in Newcastle, and overseers secured medical relief extensively for the sick poor. They utilized infirmaries, the dispensary, mad-houses and asylums and made provision in the workhouse with diet supplements, medicines, nursing care, and medical specialists.[96] In the Leicester union Negrine found a 'more

Jones & Steven King, *Pauper Voices, Public Opinion, and Workhouse Reform in Mid-Victorian England: Bearing Witness* (London: Palgrave macmillan, 2020).

[91] Samantha Williams, 'Earnings, poor relief and the economy of makeshifts; Bedfordshire in the early years of the New Poor Law', *Rural History,* 16, (2005), pp. 21-52; Samantha Shave, 'The dependent poor? (Re)constructing the lives of individuals "on the parish" in rural Dorset, 1800-1832', *Rural History,* 20, (2009), pp. 67-97; Williams, *Poverty, Gender and Life-Cycle Under the English Poor Laws 1760-1834*; J. P. Sumbler, 'Child Poverty in Victorian Shropshire: children and the Shropshire Poor Law Union 1834-1870' (unpublished doctoral thesis, Keele University, 2016); Simon Fowler, *Workhouse: The People, the Places, the Life behind Doors* (Barnsley: Pen & Sword History, 2014).

[92] Englander, *Poverty and Poor Law Reform in 19th Century Britain, 1834-1914,* p. 91.

[93] Shave, *Pauper Policies,* pp. 22-25.

[94] Price, *Medical Negligence in Victorian Britain,* pp. 177-178.

[95] Alistair Edward Sutherland Ritch,' Medical Care in the Workhouse in Birmingham and Wolverhampton 1834-1914' (unpublished doctoral thesis, University of Birmingham, 2014), p. i.

[96] Graham A. Butler, 'Disease, Medicine and the Urban Poor in Newcastle-upon-Tyne' (Unpublished doctoral thesis, Newcastle University, 2012), Chapter Five covers the workhouse and Old Poor Law medical services, pp. 196-246, with relevant summary comments on pp. 219, 255, 257, 263 & 272.

nuanced and balanced view' of medical services than the stereotypical harsh image portrayed in some historical works.[97] Nevertheless, she considered the treatment of medical officers and patients 'left much to be desired' but stressed the importance of individual situations.[98] Like Negrine's study, this thesis examines the individual experiences of medical officers and sick paupers in the Durham unions in order to determine any variability in their treatment. Findings will add to the literature on poor law medical provision through the experiences of the providers and receivers of medical care.

Nurses

The historiography of nursing, like its professionalization made a late start. Serious scholarship emerged in 1960 with Abel-Smith's book on the history of nursing.[99] As an economist his interest lay more in the organisational aspects of nursing rather than the role of the nurse. However, Davies's book effected a real change in nursing literature. Her book demonstrated the heterogenous nature of nursing and its contribution to a number of histories including social history, medical history and women's history.[100] A number of studies have since appeared that evaluate nursing history, covering its scope and development, especially from a sociological and occupational perspective.[101] Others study particular branches of nursing such as Denny who examines district nursing and Wildman who surveyed nursing associations.[102] As we will see in chapter two district nursing and nursing associations proved essential for Durham's rural unions. Some medical and poor law books also contain sections on nursing. For example, Lane provides accounts of early nursing experiences rather than nursing as an occupation with a short summary on the improvement to the status of nurses after 1880.[103] Rhodes discusses nursing in the context of the Nightingale and hospital nurses, up to the First World War, but omits poor law developments.[104] Hodgkinson discusses both the district and workhouse poor law nursing provision up to 1871 but omits poor law nurse training programmes which developed in the 1890s.[105] This thesis addresses this omission by scrutinizing the nurse

[97] Negrine, 'Medicine and Poverty: Leicester Union', pp. i & 237.
[98] Negrine, 'Medicine and Poverty: Leicester Union', p. 3.
[99] Brian Abel-Smith, *A History of the Nursing Profession* (London: Heinemann, 1960).
[100] Celia Davies, (Ed.), *Rewriting nursing history* (London: Croom Helm, Barnes & Noble, 1980).
[101] Robert Dingwall, Anne-Marie Rafferty & Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988); Ellen Jordan, *The women's movement and women's employment in Nineteenth century Britain* (London: Routledge, 1999); Carol Helmstadter, 'Shifting boundaries: religion, medicine, nursing and domestic service in mid-nineteenth-century Britain', *Nursing Inquiry,* 16, (2009), 133-143.
[102] Elaine Denny, 'The emergence of the occupation of district nursing in nineteenth century England' (unpublished doctoral thesis, University of Nottingham, 1999); Stuart Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860-1900' (unpublished doctoral thesis, University of Birmingham, 2012).
[103] Lane, *A Social History of Medicine,* pp. 120-133.
[104] Maxine Rhodes, 'Women in medicine: doctors and nurses, 1850-1920', in Deborah Brunton, Ed., *Medicine Transformed, Health, Disease and Society in Europe, 1800-1930* (Manchester: Manchester University Press, 2004), pp. 164-179.
[105] Hodgkinson, *The Origins of the National Health Service,* pp. 286-288 & 556-574.

training developments in County Durham. The work by Rosemary White deserves special mention. Her book is devoted to the poor law nurses which makes it important for this thesis.[106] She argues convincingly that this group of nurses remained with the poor and incurable, including the sick poor in the community, and consequently preserved the caring role of nurses, while the nurses in the voluntary hospitals advanced with medical science and worked with the wealthier sections of society and the acute sick.[107] Both had important roles to play, but the superior numbers of poor law nurses had a wider reach and a presence in every parish of the country. This study of poor-law nurses takes an holistic approach by investigating the experiences of the poor law nurse and the management and development of nurses and nursing, overseen by the poor law guardians.

Nursing of the sick under the Old Poor Law was undertaken by untrained family members or friends and by pauper inmates in the workhouse, a practice that continued under the New Poor Law.[108] White observes that most historical accounts of nursing concentrate on nurses in voluntary hospitals, despite the fact that the poor law nurses cared for 75% of all hospitalised patients.[109] Histories of poor law nursing tend to focus on the increasing use of trained nurses and their conditions of service. Few deal with the poor law nurse training programmes which played a significant role in the professionalization of nurses. An exception is Price, who describes the development of poor law nurse training developments and its impact on medical care.[110] This thesis contributes to the history of nursing by analysing the development of nurse training in the Sunderland workhouse hospital and its contribution to both the professionalization process and the supply of qualified nurses.

According to most historians the beginnings of modern nursing reforms surfaced in the 1860s.[111] The number of paid nurses in workhouse infirmaries increased and nurse training programmes developed.[112] The paid nurses had not necessarily received training, but they had experience or qualities that guardians considered suited them to the role. Hodgkinson found that out of 38 Metropolitan workhouses in the 1860s only 6 had trained paid nurses. In the provinces she found no

[106] Rosemary White, *Social Change and The Development of the Nursing Profession, A study of the Poor Law Nursing Service 1848-1948* (London: Henry Kimpton Publishers, 1978)
[107] White, *Social Change and The Development of the Nursing Profession,* pp. 199-200.
[108] Lane, *A Social History of Medicine,* pp. 126-127; Dingwall et al, *An Introduction to the Social History of Nursing,* p. 1.
[109] White, *Social Change and The Development of the Nursing Profession,* p. 3.
[110] Price, *Medical Negligence in Victorian Britain,* pp. 124-138.
[111] Hodgkinson, *The Origins of the National Health Service,* pp. 558-565; White, *Social Change and The Development of the Nursing Profession,* p. 198; Thane, *Foundations of the Welfare State,* p. 35.
[112] White, *Social Change and The Development of the Nursing Profession,* pp. 50-63 & 64-77.

trained nurses in any of the workhouses.[113] White also indicates that paid nurses during this period, were typically widows who needed work to support themselves or a family and usually had experience in a hospital but had not received formal training.[114] This thesis investigates nursing in the 1860s to establish the challenges, efforts and drawbacks that Durham's urban and rural unions faced. These findings will add to the historiography by illustrating the factors that hampered guardians in their efforts to secure trained nurses.

Because rural unions tended to have lower population levels than urban unions, the demands for nursing care differed. Consequently, nursing developments to meet rural union demands also differed. Both Wildman and Denny challenged the conventional idea that nursing developments occurred mainly in the hospitals.[115] Wildman claims that urban elites, the religiously committed and the medical practitioners in provincial settings played a major part in nursing reform through the establishment of local nursing associations.[116] The associations trained district nurses which facilitated greater access to nursing services for rural areas, especially at times of epidemics.[117] White found that district nurses influenced the homes of the poor by stressing the importance of health and hygiene.[118] Analysing nursing associations' records, Denny found that most wanted their district nurses to work to their committees directives, rather than deciding how to do things themselves. This lack of autonomy led Denny to conclude that most of the associations did not have professionalization of district nursing as an objective.[119] Chapter two of this thesis examines the use of nursing associations within County Durham.

Settlement Issues

The settlement laws presented numerous complex problems for the guardians of poor relief, especially associated with medical relief. The Act empowered magistrates to remove any person back to their parish of settlement upon receiving a complaint from churchwardens or overseers.[120] In the context of the poor laws, entitlement to relief derived from a person's parish of settlement, which could impact on the movement of people from agricultural to industrial areas. Historians have

[113] Hodgkinson, *The Origins of the National Health Service,* pp. 562-563.
[114] White, *Social Change and The Development of the Nursing Profession,* p. 26.
[115] Denny, 'The emergence of the occupation of district nursing', p. 1; Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860-1900', p. 277.
[116] Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860-1900', p. 277.
[117] Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860-1900', p. 249.
[118] White, *Social Change and The Development of the Nursing Profession,* p. 202.
[119] Denny, 'The emergence of the occupation of district nursing', p. 291.
[120] Michael E. Rose, 'Settlement, Removal and the New Poor Law', in Derek Fraser, Ed., *The New Poor Law in the Nineteenth Century* (London & Basingstoke: Macmillan Press, 1976), pp. 25-44.

debated the extent to which the settlement laws interfered with labour migration. Lees examined contemporary and historians' views of the impact of settlement on migration and concluded that 'it seems a mistake' to view the settlement laws as interfering with labour migration.[121] Nevertheless, those who moved from their parish of settlement could face difficulties if they needed to apply for poor relief. Shave suggests that those who resided outside their parish of settlement were probably the most vulnerable. She found their claims readily rejected with requests frequently marked 'not to be answer'd'.[122] Fraser found that urban industrial unions chose to pay relief and seek reimbursement from the parish of settlement, a tactic favoured by the Durham unions. This approach he argues allowed industrial unions to maintain a workforce.[123] However, the need to seek medical relief did not always have such easily resolved solutions for either the guardians or the sick poor. Fraser says that the only solution lay in a 'national Poor Law which relieved destitution no matter where it occurred'.[124] This thesis analyses a situation that befell one sick man with a family, who came up against the settlement laws. The case came to a resolution in the Sunderland union and clearly demonstrates the need for a national relief system.

Vaccination

This thesis includes a chapter on smallpox vaccination because Parliament in 1840 placed responsibility for its administration with the poor law guardians under the supervision of the poor law commissioners. Brunton considers that smallpox vaccination has received 'only a brief mention in most histories of public health', with most authors regarding it as 'a preliminary step toward compulsion'. She maintains that the 1840 Act held importance in its own right, because it established a state vaccination service that remained virtually unchanged throughout the nineteenth century.[125] Brunton also maintains that the poor law authorities 'were well equipped to run the service'.[126] This contradicts Mooney's finding that the decision to use the poor law as the vehicle to administer vaccination was a severe handicap because people would associate the service with pauperization, especially as guardians usually appointed the poor law medical officer as a public vaccinator.[127] Medical practitioners, however, resented the imposition of laymen supervising

[121] Lees, *The Solidarities of Strangers,* p. 30.
[122] Shave, *Pauper Policies,* p. 127, although this quotation was made in 1830 under the Old Poor Law, guardians and officers of the New Poor Law took a similar approach, especially in periods of economic depression.
[123] Fraser, *The Evolution of the British Welfare State,* pp. 57-58.
[124] Fraser, 'Introduction', p. 3.
[125] Brunton, *The Politics of Vaccination,* p. 20.
[126] Brunton, *The Politics of Vaccination*, p. 22.
[127] Graham Mooney, '" A Tissue of the Most Flagrant Anomalies": Smallpox Vaccination and the Centralization of Sanitary Administration in Nineteenth-Century London', *Medical History,* 41, (1997), 261-290, p. 269.

vaccination and considered it a threat to their professional status and liberties.[128] Medical journals, such as *Lancet, London Medical Gazette* and the *Provincial Medical and Surgical Journal* expressed concern at the choice of the poor law commissioners and guardians as administrators of a vaccination service. Lambert, however, points out that no other government department existed at the time with the established local machinery to operate a national vaccination service and in order to remove any association with pauperism the government only needed to introduce legislation. The 1841 Vaccination Act removed the pauperization element of the vaccination service'.[129] Mooney argues that vaccination would have benefited from inclusion in the centralization of public health services.[130] So, chapter three of this thesis makes a contribution to the historiography of public health as well as the poor laws by evaluating the problems, solutions, failings and successes of the vaccination programme in the Durham unions.

The procedures adopted by guardians for the administration and operation of a vaccination service determined the extent of the service's success. Hodgkinson describes the practice of vaccination as 'a great step forward towards combating one of the severest of epidemic diseases, and the vaccination act of 1840 as 'the first of the free health services provided by the legislature on a national scale … administered through the channels of the Poor Law'.[131] Brunton supports these claims and expresses surprise at the lack of attention given to vaccination by historians, in the light of its role in reducing mortality and its innovative role 'introducing the British population to state medicine', a topic that continues to be neglected.[132] There are a number of medical studies on the progress of smallpox and on the opposition to smallpox vaccination in England, especially following the 1871 Vaccination Act.[133] However, very few studies have considered the operational and administrative procedures of vaccination, and the impact they had on the delivery and uptake of

[128] Brunton, *The Politics of Vaccination*, p. 5.
[129] Lambert, 'A Victorian National Health Service 1855-71', p. 2.
[130] Mooney, 'Smallpox Vaccination and the Centralization of Sanitary Administration in Nineteenth-Century London', p. 265.
[131] Hodgkinson, *The Origins of the National Health Service,* p. 31.
[132] Brunton, *The politics of vaccination*, p. 2. There are still few books and studies devoted to this topic; one of significance is Stanley A. Plotkin, (Ed.), *History of Vaccine Development* (New York: Springer Science and Business Media, 2011) which is a scientific book devoted to a wide range of vaccines with three chapters devoted to Jenner and the smallpox vaccine pp. 13-32. However, the book does not cover the UK system of implementation and operation.
[133] Ann Beck, 'Issues in the Anti-Vaccination Movement in England', *Medical History,* 4, (1960), pp. 310-321; C. W. Dixon, *Smallpox* (London: J. & A. Churchill, 1962); Dorothy Porter & Roy Porter, 'The Politics of Prevention: Anti-vaccinationism and Public Health in Nineteenth-Century England', *Medical History,* 32, (1988), pp. 231-252; Ian Glynn and Jennifer Glynn, *The Life and Death of Smallpox* (London: Profile Books, 2004); Nadia Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907* (Durham, NC., and London: Duke University Press, 2005).

vaccination, at national and especially local level. That makes this study an opportune addition to the historiography.

The focus on opposition to vaccination has limited our understanding of the earlier phases of the vaccination system, especially of the challenges to implement and operate the country's first free national health service in a variety of settings. In 1962 Lambert remarked on the 'neglected relevance' of vaccination to the 'growth of state activity'.[134] Brunton made a similar comment over forty years later in her 2008 book.[135] Since then, Davenport et al have undertaken research on the decline of adult smallpox in eighteenth century London and on the preventative strategies adopted across England before the introduction of vaccination.[136] However, these studies focused on the disease rather than the nineteenth century vaccination programme and Brunton's work remains the last major study of this topic. There still remains a dearth of studies on smallpox vaccination despite this being the first and only infectious disease eradicated across the world and a pioneering example of government intervention on matters of health.[137] Brunton's research is more comprehensive than Lambert's because it covers the vaccination systems in England and Wales, Ireland and Scotland. However, like Lambert's research, she limited her research to the legislative and central administrative systems. Nevertheless, her inclusion of Ireland and Scotland facilitates comparison with the findings of this research. Most historical references to smallpox vaccination are contained within the chapters of books on the development of public health and the welfare state, in history of medicine books, and in a small number of articles in journals.[138] Although relatively small in number, they each provide useful comparators for this study by making valuable contributions to the debates concerning the role of government in matters concerning individual freedoms, especially in the context of health, and on the extent to which voluntary and compulsory legislation contributed to the uptake of vaccination and to mortality.

[134] Lambert, 'A Victorian National Health Service', p. 1.
[135] Brunton, *The Politics of Vaccination*, p. 1.
[136] Romola Davenport, Leonard Schwarz & Jeremy Boulton, 'The decline of adult smallpox in eighteenth-century London', *The Economic History Review,* 64, (November 2011), pp. 1289-1314; Romola Jane Davenport, Max Satchell & Leigh Matthew William Shaw-Taylor, 'The geography of smallpox in England before vaccination: A conundrum resolved', *Social Science & Medicine,* 206, (2018), pp. 75-85.
[137] Anthony S. Wohl, *Endangered Lives, Public Health in Victorian Britain* (London: J. M. Dent & Sons Ltd, 1983), p. 132, separate Vaccination Acts applied across England & Wales, Scotland and Ireland.
[138] Fraser, *The evolution of the British welfare state;* Harris, *The Origins of the British Welfare State*; Anne Hardy, *The Epidemic Streets, Infectious Disease and the Rise of Preventive Medicine 1856-1900* (Oxford: Clarendon Press, 1993); Naomi Williams, 'The implementation of compulsory health legislation: infant smallpox vaccination in England and Wales, 1840-1890, *Journal of Historical Geography,* 20, (1994), pp. 396-412.

The lack of variety in local studies and the paucity of northern examples of smallpox vaccination restricts our understanding of the common and varied difficulties encountered by the guardians, officers and parents in the different localities of the country. While there are five local studies on smallpox vaccination, four of these are on communities in the South of England and one in the north.[139] Most of these paid little or no attention to the differences or similarities in smallpox vaccination or smallpox disease with other areas of the country. Hardy found that London had more deaths from smallpox of vaccinated people than the provinces in the decade 1891-1900 and in his study of Essex, Smith found pockets of anti-vaccinationists in several towns across the country in the 1870s which by 1885 had centred on Leicester. Smith's account of smallpox in Essex covered a three-hundred-year period. However, on vaccination he recounts the opposition to vaccination rather than the challenges to deliver an effective service. Hardy's study investigates the decline of smallpox in London. However, Mooney's work on the capital focuses on the 'chaotic administrative arrangements' of vaccination that prevailed in the nineteenth century.[140] Although it can be problematic to compare the findings in a capital city with those in a county or provincial town, they nevertheless, provide a welcome comparator in a relatively under-researched field of study. Clark's study on a single rural union in Kent provides a useful comparator for the rural unions of County Durham. However, her investigation on the operation of vaccination in Hollingbourne, only covers the period 1876 to 1888. The only northern local study of smallpox vaccination centres on Hemsworth in Yorkshire and forms part of a study devoted to public health measures. However, it is also limited to a later period of operation from 1871 to 1911. This thesis focuses on the inadequate arrangements that hindered parental access to vaccinations and the factors that diminished the potential success of the country's first public health intervention. Williams has shown that vaccination uptake varied considerably across the country.[141] This thesis adds to the regional and local research that identifies areas of commonality and diversity, especially on the factors that affected smallpox vaccination uptake across the country.

The success of the smallpox vaccination programme would depend in part on the administrative arrangements. Mooney found that the 'chaotic' administrative arrangements in London hampered

[139] J. R. Smith, *The Speckled Monster: Smallpox in England, 1670-1970, with Particular Reference to Essex* (Chelmsford: Essex Record Office, 1987); Clark, 'Compliance with Infant Smallpox Vaccination: Hollingbourne, 1876-88', pp. 175-198; Anne Hardy, 'Smallpox in London: Factors in the Decline of the Disease in the Nineteenth Century', *Medical History,* 27, (1983), pp. 111-138; Mooney, 'Smallpox Vaccination in Nineteenth-Century London', pp. 261-290; Linda Margaret Davies, 'The Conquest of Infant Mortality: The Case of Hemsworth 1871-1911' (unpublished doctoral thesis, The Open University, 2006).
[140] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 262.
[141] Williams, 'The implementation of compulsory health legislation', p. 402.

access to vaccination and led to calls for a single sanitary authority.[142] Lambert also found that the failures of the vaccination system derived from poorly formed legislation and administration.[143] He concluded that the involvement of specialist administrators, led by John Simon, established an administration that used scientific, medical and practical methods along with appropriately trained staff that produced an improved vaccination programme.[144] Wood suggested that the Sunderland guardians were reluctant to implement satisfactory vaccination arrangements and did not respond appropriately to central authority complaints, even after vaccination was made compulsory in 1853.[145] However, this thesis shows that the Sunderland guardians repeatedly raised issues on vaccination processes and procedures with the central authorities. They complained that the various vaccination laws endowed guardians with the responsibilities of carrying out the requirements for vaccination but not the powers necessary to ensure they were implemented, an issue that is scrutinized in chapter three of this thesis.[146] In the rural unions of Hollingbourne, Clark investigated the administrative compliance of vaccinations by the guardians and the central board.[147] She found the collection of statistics submitted by the guardians and held at the centre, were not compliant and did not reflect the vaccination practices in any district. Additionally, she found noncompliance by both parties in respect of rural vaccination practices. Nevertheless, she did find parents were compliant with most infants vaccinated before their first birthday.[148] This thesis shows that the administrative arrangements in the Durham unions did not always help parents access vaccinations and caused particular difficulties in rural districts. The thesis traces the administrative, more than the medical, advances that resulted in significant reductions in smallpox mortality during the 1870s.

The history of vaccination is fraught with opposition from the time of its discovery in 1796. It took forty years of debate before the institution of a state vaccination service in 1840. The introduction of compulsory vaccination in 1853 led to increased opposition. Parliament introduced the Act following a report of the Epidemiological Society, which included an account of the policies adopted by other European countries including Sweden, some German states and France that operated variations of compulsory vaccination. By way of comparison the report gave a 'damning account of England and Wales'.[149] Medical opinion was divided on the Act, with *Lancet* declaring 'a more objectionable

[142] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 262.
[143] Lambert, 'A Victorian National Health Service', p. 1.
[144] Lambert, 'A Victorian National Health Service', pp. 16-17, John Simon was appointed medical officer to the Privy Council, the first such appointment and known today as chief medical officer.
[145] Wood, 'The activities of the Sunderland Poor Law Union 1834-1930', pp. 183-185.
[146] *Fifth Report of the Medical Officer of the Privy Council* (London: HMSO, 1863), pp. 56-57.
[147] Clark, 'Compliance with Infant Smallpox Vaccination: Hollingbourne, 1876-88', pp. 175-198.
[148] Clark, 'Compliance with Infant Smallpox Vaccination: Hollingbourne, 1876-88', p. 175.
[149] Brunton, *The Politics of Vaccination*, pp. 42-43.

measure it has seldom been our lot to examine' and a letter in the *Association Medical Journal* declared the bill was 'unsound in its principles, unworkable in its machinery, and incapable of diminishing by one iota the spread of smallpox', and yet others agreed compulsion was necessary as voluntary vaccination had failed.[150] Hodgkinson claimed that the 1840 vaccination system failed because it was not compulsory.[151] However, this research shows that in the Durham unions compulsory measures alone did not lead to an increase in vaccinations. The Porters' claim that the compulsory legislation was 'a political innovation that extended the powers of the state … for the first time over areas of traditional civil liberties in the name of public health'.[152] Lambert maintains that after forty-five years of repetitive failures an 'uninformed and indifferent' parliament casually created 'a stringent, universal interference' and the 1853 vaccination legislation passed with little debate or opposition.[153] The Act made vaccination compulsory for all infants under the age of three months. The 1867 Act raised the age to fourteen years old and parents faced penalties if they failed to comply. Manders reported compulsion was controversial with both the public and guardians in Gateshead, adding that the vice-chairman of the union was reluctant to sign for any prosecutions against conscientious objectors.[154] This thesis questions the impact of compulsory vaccination on uptake as opposed to the compulsory Act stimulating improvements in the administrative operation of vaccination.

Historians of smallpox vaccination have concentrated on the responses to compulsory vaccination rather than the operation of the programme and the level of uptake.[155] The government first legislated for compulsory vaccination in 1853 with subsequent Acts introducing penalties. Following the introduction of the 1871 Act, parents who refused to allow lymph to be taken from their child had a 20s fine imposed for each child 'with an additional 5s per day until they complied'.[156] According to Durbach infants at this time were not only the recipients of vaccine but also the incubators, in a period when medical knowledge was limited. In addition, parents had no assurances provided to them that the methods applied would not inflict other diseases on their children, such as

[150] Brunton, *The Politics of Vaccination*, pp. 45-46.
[151] Hodgkinson, *The Origins of the National Health Service*, p. 31.
[152] Porter & Porter, 'The Politics of Prevention', p. 231.
[153] Lambert, 'A Victorian National Health Service', p. 2.
[154] Manders, 'Poor Law in Gateshead Union', p. 67.
[155] Beck, 'Issues in the Anti-Vaccination Movement in England'; Porter & Porter, 'The Politics of Prevention'; Williams, 'The implementation of compulsory health legislation'; Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907* ; Nadja Durbach, 'They Might As Well Brand Us': Working-Class Resistance to Compulsory Vaccination in Victorian England', *The Society for the Social History of Medicine,* (2000), 45-62.
[156] Brunton, *The Politics of Vaccination*, p. 60.

animal diseases from cow-pox vaccine.[157] Resistance to compulsion led to the formation of the Anti-Compulsory Vaccination League in 1867.[158] Durbach reported that anti-vaccination campaigners regarded compulsion as 'an extreme example of class legislation' because it targeted working-class children, with severe penalties for non-compliance.[159] She contended that while middle-class liberals opposed compulsion, this was mainly on the principles of individualism and liberty. By contrast, she maintained working-class opposition viewed compulsory vaccination as a threat to their person and their bodies.[160] Durbach argues that before the 1834 New Poor Law, social issues remained the concern of local communities and the individual but thereafter, government policy increasingly concerned itself with 'regulation of working-class bodies' and the behaviour of individuals. This was evident in several Acts in the second half of the nineteenth century, including the Contagious Diseases Act which introduced compulsory treatments for prostitutes with venereal disease, an Act that applied only to women and vaccination legislation which applied only to children and continued to be tightened.[161] In support of her argument that working class children formed the target group, she points to government reports that acknowledged some members of parliament refused to have their children vaccinated but faced no compulsion or penalty. She also points to James Stansfeld, a past president of the Local Government Board, who admitted that inequality existed between the different classes of the population.[162] Williams has suggested some opposition emerged in Durham, but this thesis has not found compelling evidence to support that claim. Following the smallpox epidemic of 1870-1873 and the threat of penalties, Wohl anticipated finding an increased uptake of vaccinations. However, the reverse was the case which led him to conclude that the momentum of the anti-vaccination movement accounted for the decline in vaccination from 85% of births in 1873 to just over 70% in 1897.[163] In Gloucester the Porters found that many anti-vaccinationists changed allegiance and sought vaccinations during the 1895-6 epidemic.[164] This research has not found the levels of decline in the Durham unions that Wohl reports across the country, rather vaccinations increased. In addition, the study has found little evidence to suggest widespread opposition to vaccination across the county.

[157] Durbach, 'Working-Class Resistance to Compulsory Vaccination', p. 47.
[158] Wohl, *Endangered Lives,* pp. 132-133.
[159] Durbach, 'Working-Class Resistance to Compulsory Vaccination', p. 45.
[160] Durbach, 'Working-Class Resistance to Compulsory Vaccination', p. 46.
[161] Durbach, 'Working-Class Resistance to Compulsory Vaccination', pp. 45-46.
[162] Durbach, 'Working-Class Resistance to Compulsory Vaccination', p. 49.
[163] Wohl, *Endangered Lives*, p. 133.
[164] Porter & Porter, 'The Politics of Prevention', pp. 248-250, note that anti-vaccinationists were different from anti-compulsory vaccinationists, although there was some overlap.

This overview of the historiography, pertinent to this thesis has shown that poor law medical services spanned a wide range of undertakings and experiences. This thesis seeks to demonstrate the socio-economic variegation of poor law implementation in a northern county, testing a range of variables that shaped the development of unions. The historiography has also demonstrated the broad spectrum of people and bodies involved, which ranged from the sick poor to the legislators of parliament. As subsequent chapters will show, a local study requires attention to all of policy, poor-law, and medical history, that individually may distort our understanding of medical provision under the New Poor Law.

Methodology and Sources

This thesis uses primary source materials derived principally from those in authority at both local and national level, which also include some traces of the experience and voices of the sick poor. Sources include County Durham poor law records; correspondence between guardians and local people and the central authorities; poor law inspectors' reports; assistant commissioners' correspondence; parliamentary papers; medical publications; commercial directories; and newspapers. These sources provide opportunities to understand the administration process of the authorities, which is one of the focuses of this thesis, but can also be used in creative ways to yield further perspectives. Shave argues this point persuasively when she advises a dynamic approach to understand both the administrative and experiences of the poor.[165] The following section provides some detail on how this thesis has used each of these types of sources.

County Durham Poor Law Records

The board of guardians' minute books provide a record of the business conducted by those administering the poor law in each of the Durham unions. Some unions have a complete set of minutes over the period of this study, but the minutes of others have not survived. For instance, those for Weardale, between 1837 and 1865, have not endured. Fortunately, some of the guardians' earlier motions survive in correspondence with the central authorities held at the National Archives in London, although these only represent a small amount of the business conducted by guardians. They only provide details on those decisions that required central authority advice or approval. No record of any discussion pertaining to the motions or other local issues, prior to 1865, exists for the rural Weardale union. The early guardians' minutes of Durham's unions follow the same format, in line with guidance provided by the commissioners in circulars and by assistant commissioners who

[165] Shave, *Pauper Policies,* pp. 22-25.

attended all of the Durham unions' first meetings. Thereafter practices evolved and the detail contained in the minutes varies, both between unions and over time, dependent on local priorities and the personnel involved. All unions recorded qualitative and quantitative data including details of elections of guardians, officer appointments, salaries of officers, relief expenditure, tenders for goods and services, vaccination numbers for under one-year olds and over one-year olds and the number of births in the union. The clerks also recorded guardians' attendance, which allows analysis of an individual's influence on union policy and priorities. Combined with other data sources, such as trade directories, biographical detail in surviving family holdings, and census records, historians can build a profile of a guardian's political, religious and family allegiance. In conjunction with other primary sources this thesis has used the minutes and the data contained therein, throughout each of the chapters, especially data concerning medical staff and sick poor relief.

Some clerks reproduced all correspondence and debates in the minutes while others recorded only the final decisions. The varied styles adopted by clerks, in the interests of efficiency, diplomacy or partisanship, means that minutes have shortcomings and researchers must apply caution in their interpretation of events. If the clerk has not included correspondence from private individuals, then historians may find it difficult to secure a copy in order to build a full picture. However, if the correspondence comes from the central authorities, then researchers can access the relevant correspondence at the National Archives, which is discussed in more detail below. Using these two sources, the historian has an excellent opportunity to understand how the poor law operated at local level and the extent of central authority influence.

Correspondence between Guardians and Local People and the Central Authorities

The MH12 files, held at the National Archives, include over sixteen thousand volumes of correspondence from across England and Wales, over the period 1834 to 1900, which represents a rich resource for historians not only on the New Poor Law, but also on aspects of working-class life, on local government and on the ways in which the central authorities influenced local decision-making.[166] The volumes are organized by county, union and date order. The correspondence between the County Durham unions and the central authorities dealt with legislative, administrative, contentious and high-profile matters but without the routine detail found in the unions' local

[166] Paul Carter & Natalie Whistance, 'The Poor Law Commission: A New Digital Resource for Nineteenth-century Domestic Historians', *History Workshop Journal,* 71, (2011), 29-48, p. 30.

records.[167] I have sampled correspondence on union organisational and medical matters from at least one volume of each of the Durham unions and more for each of the three case study unions. These have produced over 10,000 photographs of correspondence. Of the three case study unions I examined five of the nineteen volumes of the Chester-le-Street union including all volumes up to 1855, one for the 1860s which covered 1860 to 1866 and one for the 1870s covering 1871 to 1876. I already held a considerable amount of local research material on this union collected for an earlier master's thesis and sufficient for the remainder of the century. The Sunderland union with a large expanding population had the most volumes of evidence. I examined seventeen of the thirty-eight volumes including all volumes up to 1873. Thereafter I sampled two volumes for each of the three decades to 1900. The Weardale union with a small, declining population had the least number of volumes enabling me to examine all twelve, covering 1834 to 1900. Some correspondence from paupers and other individuals initiated further correspondence between unions and the central authorities. So, these records are a valuable resource to hear the voice of the pauper or the local individual rather than the administrators. The central authority officers frequently appended notes to correspondence, providing a brief glimpse of their opinions, which can expose some of the thinking of the central authorities at the time.

Correspondence in the MH12 files covered a wide range of topics, some required on a regular basis, others arising through queries for clarification or complaint. Unions made regular returns on matters such as vagrants, vaccinations, births, lunatics, and appointments of officers. The use of standard forms for these returns has allowed access to the qualifications and salaries of officers, the number of vaccinated infants and the number of births registered in the union. Records also include workhouse building expenditure and design as well as regular workhouse inspection reports. This thesis has taken advantage of the abundance of information on the medical aspects of poor law operation which has allowed comparison between the Durham unions and unions elsewhere at a local, regional and national level.

The thesis has utilized these records for quantitative analysis when appropriate to do so. For example, from an 1847 Sunderland vaccination return researchers can calculate that the union's public vaccinators vaccinated 23.4% of the under 1-year olds in 1846. On the same return a public vaccinator wrote that other surgeons, druggists and midwives regularly vaccinated infants.[168] This

[167] The National Archives (TNA), MH12/2968-MH12/2985, Chester-le-Street, 1836-1900; TNA, MH12/3268-MH12/3304, Sunderland, 1834-1900; TNA, MH12/3333-MH12/3344, Weardale, 1834-1900. Other Durham unions have similar volumes of correspondence, with each volume normally held in date order.
[168] TNA, MH12/3270, Sunderland, 1847-51, 16 March 1847.

provides qualitative evidence of why calculations made from these returns did not provide a complete picture of vaccinations within the union. However, after 1871, the appointment of a vaccination officer in every union ensured more complete and accurate vaccination returns. So, the calculations produced in this thesis after that date provide a greater reliability. In similar vein, these records have also facilitated a series of qualitative assessments. For example, in the same Sunderland volume for 1847 the appointment form of the medical officer of the Sunderland workhouse shows that he qualified as a surgeon and apothecary and had previously worked in the South Shields dispensary for five years and three years as a private medical practitioner in Bishopwearmouth.[169] Using additional sources, such as census returns and directories, we can learn even more about the various administrators of the union. For example, directories provide valuable information on trades, important local people and institutions mainly in urban areas. This thesis has used them to gain an understanding of the range of local industries, to flesh out detail on union guardians and to provide an estimate of the scale and type of medical provision available within the Durham unions at various times.

The central authorities dealt with some correspondence quickly, but others accumulated extensive case histories that provide wide-ranging and detailed evidence. For example, in 1860 Dr Munro, a Hartlepool medical practitioner, complained to the central authorities that union officers had 'wrongly treated and neglected' a pauper patient.[170] The central authorities invariably forwarded complaints of this kind to the union guardians for comment. In this case guardians conducted an investigation, during which officers and individuals submitted reports and letters along with a number of newspaper articles. These all provide a range of perspectives arising from this single complaint. This thesis has used a range of similar evidence to gain a better understanding of the experiences of sick paupers and their carers across the Durham unions.

Inspectors' Union Workhouse Reports

Inspectors' reports on the country's workhouses, also form part of the MH12 volumes. I have read and analysed over thirty of the Durham unions' reports, most of which related to the Sunderland and Gateshead unions with the largest workhouses. The reports provide an external view of local union operations, independent of guardians. Assistant commissioners, renamed inspectors by the poor law board in 1848, undertook the inspection role. On forms with a series of standardized questions, inspectors' reports ranged from brief one sentence responses to detailed accounts

[169] TNA, MH12/3270, Sunderland, 1847-51, 12 April 1849.
[170] TNA, MH12/3119, Hartlepool, 1859-61, 11 December 1860, 17 January 1861.

covering several pages. In addition to quantitative data the workhouse inspection reports included comments on provision for the sick and vagrants, performance of children's education, conditions in the workhouse, effectiveness of the guardians' visiting committee and any other observations that the inspector wanted to make. This latter question often produced the most written responses. For example, the poor could find the inspector receptive to their grievances that may have met with rejection by union officers and guardians. One report on the Auckland union workhouse demonstrates how the various authorities proceeded to prevent a scandal and protect their image, when a young female pauper, sent out by guardians to undertake in-service work, was raped by the master of the house.[171] Examples such as this demonstrate that however much guardians or officials might close rank over scandals, there are opportunities for the historian to detect neglect and abuse in the contemporary records, even if they can never be perfect. Evidence such as this can lead historians to investigate unpublished official papers or even criminal records in the more extreme cases. These can shed further light on mundane aspects of poor law operation that otherwise went unrecorded.

Assistant Commissioners' Correspondence

The National Archives also holds correspondence between each of the assistant commissioners and the poor law commissioners in the MH32 series. Unlike the county and union organization of the MH12 series, the MH32 series is organized by assistant commissioner. Assistant commissioners covered a region rather than a single county and they changed regions periodically, which can make it more time consuming to find correspondence related to one specific locality. I used the correspondence in this series selectively when it concerned matters related to this thesis. Some correspondence related to other parts of the region or other aspects of poor law as well as responses to queries raised by parliamentarians on wider issues. Correspondence between the assistant commissioners and the commissioners, gives an insight into the thinking and motivations of the central authorities. Correspondence typically expands on that available in the MH12 union correspondence, providing a candid expression of central authority views. Assistant commissioners played an intermediary role between the local and central decision makers and their management style and skills could influence the extent to which they contained or incited 'parochial obduracy and vested interests'.[172] Comments and views they presented to local authorities, contained in the MH12 series, could differ to some degree from those made to the central authorities, which makes the MH32 series an important counterbalancing resource.

[171] TNA, MH12/2958, Auckland, 1895-96, 4 & 8 July 1895-25 August 1895.
[172] Driver, *Power and pauperism,* pp. 34-35.

Other useful records at The National Archives in the MH volumes

It would be possible to extend this research by using the MH9 and MH14 series, but neither were critical to this thesis. The MH9 series contains a register of all paid union officers and staff across England and Wales from 1837 to 1921, held in alphabetical order of geographical district, making it possible to build profiles of personnel appointed by guardians. The MH14 series contains a selection of plans for land and buildings allowing researchers to form a view of the various environments experienced by the staff and the poor. Unfortunately, the plans for Sunderland and Chester-le-Street only relate to the end of the period of this study with none retained for Weardale.

Parliamentary Papers

Parliamentary reports on poor law operation and its medical services provide significant detail on poor law medical operations both locally and nationally facilitating comparison with other areas. Reports of interest include the Annual Reports of the Poor Law Commissioners (subsequently named Poor Law Board and Local Government Board) to Parliament. These contain reports on poor law matters and vaccination performance across the country along with accounts of annual expenditure on all aspects of union operation including poor relief. The appendix of each report also contains copies of all circulars issued by the commissioners. The Registrar General, from 1837 onwards, submitted annual reports to parliament on births, deaths and marriages across the country. These include population figures, aggregated at a number of levels such as parish, union and county, mortality rates and deaths from various diseases, by age and sex amongst others. Following the appointment of a medical officer to the Privy Council in 1858, he made annual medical reports to parliament on matters relating to health including diseases, vaccinations and local health concerns. Although these reports provide an excellent opportunity to calculate and compare union performance across the country on a number of aspects, historians need to exercise caution. Reports reveal signs of cherry-picking, especially the poor law reports which tended to reflect the agendas and concerns of the commissioners and their successors. The collection of data also had inadequacies making any aggregation or analysis suspect. In addition, the prejudices of the authors, very often assistant commissioners and inspectors, may affect their interpretation of local experience and its typicality or otherwise. Historians therefore need to apply caution and cross-check with other source evidence whenever possible.

Medical Publications

Medical journals range from those providing health care advice to the general public to those offering specialist medical material to doctors.[173] Of these only the *British Medical Journal* provided useful material for this thesis. Most tended to focus on issues local to the journal and while some targeted the 'general public' this usually meant the educated elite. Specialist journals provided a means for medical practitioners to exchange ideas and practices. The longest running journal was the *Lancet* which appealed to a wide audience, including both the specialist and non-specialist reader. It provides commentary on medical issues concerning patients, medical practitioners, guardians and poor law authorities, and legislators making it a valuable resource for researchers of health and medical matters. The *Lancet* operated from 1823 with continuous publication through to modern times, providing an uninterrupted medical view, before and throughout the period of this study. Although the publication was concerned with medical matters in its widest sense, articles on poor law medical issues appeared frequently which provides an important viewpoint on poor law medical issues and various medical campaigns. I have utilized the *Lancet,* over the period 1830 to the early years of the twentieth century, using keywords to obtain the views of medical men on a range of medical topics such as poor law initiatives, medical officer salaries, medical surveys and vaccination matters. The *Lancet* contains extensive material on the 1832 cholera outbreak at Sunderland and articles by medical men in the county on a number of medical topics.[174] However, the material used in the thesis relates to general views and findings found in the journal rather than those specific to County Durham.

Newspapers

Local newspapers regularly reported union meetings in detail, on occasion verbatim, and they provided editorial comment on newsworthy matters. They can indicate local reaction to controversial issues and items impacting on the wider community. However, even material printed as 'letters to the editor' reflected the editorial judgement of the staff or proprietor. Caution is essential when using this source material, especially as newspaper owners often enjoyed close political affiliations and members of the elite produced and read the articles reporting on the performance of guardians. For example, the *Sunderland Echo*, utilized by this thesis, had Whig-Liberal allegiance. The founders included Samuel Storey, Edward Backhouse, Edward Temperley

[173] For example: *The British Medical Journal, London Medical Gazette, London Medical and Physical Journal* and *Edinburgh Medical and Surgical Journal.*

[174] For example, on cholera: *Lancet,* 1832-3, Vol. 1, pp. 171-173 & pp. 584-586; Articles from medical men: Dr William Reid Clanny of Sunderland, *Lancet,* 1838-9, Vol. 1, p. 670; William D Emmett, surgeon of Darlington, *Lancet,* 1849, Vol 1, pp. 206-207 & p. 605.

Gourlay, Charles Palmer, Richard Ruddock, Thomas Glaholm and Thomas Scott Turnbull.[175] The Whig-Liberal sympathies of the newspaper owners would probably lead to suppression of poor law matters that reflected badly on the Whig-inspired poor law. Similarly, they may have suppressed matters that reflected badly on the guardians, given that at least one of the newspapers owners, Edward Backhouse, was an active board member. I consulted a range of newspapers at the Boston Spa site of the British Library, but I found The British Newspaper Archive the most readily accessible. I used key words to identify relevant articles in newspapers local to Durham. These included the *Newcastle Daily Chronicle, Newcastle Courant, Newcastle Journal, Durham County Advertiser, Durham Chronicle, Gateshead Observer,* and the *Shields Gazette.* Other local newspapers elsewhere included the *Westmorland Gazette* and the *North Devon Journal.* Relevant sections in the thesis provide further comment on the appropriateness and reliability of newspaper articles as a source.

Structure of the Thesis

Exploring four themes in four chapters the thesis examines the poor law medical provision in the urban, mining and rural unions of County Durham. The first chapter establishes the framework in which the medical services operated. The second focuses on the participants of the service, the providers and receivers of medical care. The third examines the smallpox vaccination programme and the fourth scrutinizes a series of case studies that conveys the experiences of poor law doctors, nurses and the sick poor. The following paragraphs expand on each of these themes.

Chapter one analyses the organizational features of the New Poor Law unions in County Durham highlighting the similarities and differences between the urban, mining and rural unions. The chapter elaborates on two key figures who provided a central steer, the assistant commissioner acting on behalf of the central authorities and the magistrates in their role as ex-officio guardians. On the assistant commissioner the chapter expands on his dual role to establish standard machinery in each of the unions and to develop and maintain relationships between local and central authorities. Discussion also centres on the debate surrounding the changing powers of magistrates. The chapter also scrutinizes the composition of the board of guardians and the extent to which they represented the socio-economic character of the union, including the domination of small cliques on union policy and business. The chapter demonstrates both regional and local diversity in the organisation and operation of the county's unions, with differences in guardian composition, officer appointments and district organisation.

[175] <www.britishnewspaperarchive.co.uk/titles/sunderland-daily-echo-and-shipping-gazette>, [accessed 8 January 2022].

Chapter two focuses on the medical services of the urban, mining and rural unions with close scrutiny of the medical officers and nurses and identifies the similarities and difficulties faced by each of the three unions. The chapter analyses the organisational challenges and the varied responses to the 1842 Medical Order. In addition, the chapter examines the availability of medical staff and their salaries and compares these with unions in other parts of the country. The chapter pays particular attention to the role of nurses, contrasting the needs of the different unions, and analyses the development of nurse training programmes in the Sunderland union.

Chapter three investigates the smallpox vaccination programme that poor law medical officers delivered. The thesis challenges the persistent charge by the various poor law authorities that parents objected to vaccination, by examining the processes and procedures that operated. The chapter also challenges the introduction of compulsory vaccination and explores reasons why uptake did not increase. The chapter argues that following changes to the processes and procedures in the 1870s the vaccination programme in County Durham improved significantly. Most studies of vaccination concentrate on the anti-vaccination movement. This is the only northern local study of smallpox vaccination that concentrates on the operation of the programme.

Using a wide range of sources chapter four takes a bottom-up approach analysing the experiences of the medical officers, the nurses and the sick poor, providing a glimpse into their lives. Using rare pauper evidence, the chapter analyses the treatment of sick paupers and illustrates the extreme difficulties that could result from the settlement laws. In other cases, the chapter exposes the dietary neglect of children and the humiliation of a poor man. The chapter scrutinizes the way the authorities viewed and treated doctors, how other non-medical officers held sway over medical decisions and the resultant consequences, especially for urgent and emergency cases. In regard to the central authorities the chapter exposes their reluctance to promote the good work of poor law officers, especially the medical officers. The chapter also reveals the growing status and influence of medical officers and how one nurse exposed the living conditions of those in the Sunderland workhouse.

CHAPTER ONE

The Organisational Features of Poor Law Medical Provision in County Durham

In order to understand the difficulties and obstacles that the poor law medical officers and their pauper patients experienced it is essential to scrutinize the structural features of the New Poor Law unions under which these medical services operated. Consequently, this chapter analyses the introduction, formation and operation of the unions in County Durham. As a northern industrial county with the fastest expanding population in the country during the second half of the nineteenth century and home to a diverse range of communities, County Durham makes an excellent choice to analyse the development and operation of poor law services. So, this chapter will make a valuable contribution to the historiography of the New Poor Law and its medical services by comparing and contrasting the organisation of poor relief operations in the unions of County Durham which lie in close proximity to each other.

The chapter will scrutinize the role of the assistant commissioner in poor law operations. The New Poor Law Act established the machinery to develop and communicate national policy decisions and regulations for all poor law operations across England and Wales. This administrative structure was the first of its kind with central control a potential threat to local decision making. Three commissioners formed the central body with twelve assistant commissioners appointed to undertake the implementation of the Act within assigned regions. The assistant commissioners played a crucial role in the formation of unions and their structural form for the purposes of administering poor relief, including medical relief. In addition, they established and maintained relationships between central and local administrators. The quality of those relationships depended on the management style and approach taken by the assistant commissioners. Driver claims that the assistant commissioners' role was the 'lynchpin of the post-1834 system'.[176] Consequently, the chapter gives detailed consideration to the first assistant commissioner for the North-East region, Sir John Walsham. Most historians provide glowing accounts of Walsham.[177] This study, however, presents a more considered view of the man and his work in the North-East and thus provides an important addition to the existing historiography.

[176] Felix Driver, *Power and Pauperism, The workhouse system 1834-1884* (Cambridge: Cambridge University Press, 1993), p. 34.
[177] Derek Fraser, *The Evolution of the British Welfare State* (London: Macmillan education Palgrave, 2017), fifth edition, p. 59; David Ashforth, 'The Urban Poor Law', in *The New Poor Law in The Nineteenth Century,* ed. By Derek Fraser (London: The Macmillan Press Ltd, 1976), p. 134; Norman McCord, *North East England, An economic and social history* (London: B. T. Batsford Ltd, 1979), p. 91.

The chapter will also analyse the role of magistrates as *ex-officio* guardians. Under the Old Poor Law, the local rate-paying elite operated and administered poor relief and local magistrates had the responsibility of monitoring and overseeing the process as well as acting as arbitrators on behalf of paupers and ratepayers.[178] From the 1832 responses of the Poor Law Report, Dunkley shows that 52% of the County Durham justices, controlled relief under the Old Poor Law which compared to over 70% in the agrarian southern and eastern counties of England.[179] This chapter will add to the historiography of the New Poor Law by demonstrating how the local magistrates continued to influence poor law decisions in the Durham unions in their role as *ex-officio* guardians. This also supports Driver's claim that magistrates influenced poor law guardians, especially in the early years of operation.[180]

The chapter will also investigate and analyse the boards of guardians and their composition. The Act required the formation of unions, composed of a number of parishes with an elected board of guardians to oversee the administration of poor relief. Each parish of the union had at least one guardian member of the board. The Act allowed the commissioners to establish salaried posts and to determine the qualifications and duties of each. However, the guardians undertook the appointment process for union officers. At their first meeting guardians followed a precise format established by the commissioners with minutes of the Durham unions produced in identical form. The assistant commissioner attended all of the Durham unions' first meetings, directing guardians on the establishment of relief districts and the appointed of officers. This supports Driver's argument that the poor law reformers designed the New Poor Law with the aim of eradicating local differences in order to make them manageable.[181] The guardians oversaw the ongoing operation of the unions services and finances in line with national policy and regulations and according to local need. A system that required unions to conform to universal rules and at the same time meet local need, had the potential to create conflict between central and local authorities. This chapter will make an important contribution to the poor law historiography by revealing the composition of the Durham unions' board of guardians, the extent to which they represented the socio-economic character of the union, and how small cliques came to dominate the operation of the various boards.

[178], David Eastwood, *Governing Rural England, Tradition and Transformation in Local Government, 1780-1840* (Oxford: Clarendon Press, 1994), p. 105.
[179] Peter Dunkley, 'Paternalism, the Magistracy and Poor Relief in England, 1795-1834', *International Review of Social History,* 24, 3, (1979), 371-397, p.383.
[180] Driver, *Power and pauperism,* p. 127.
[181] Driver, *Power and pauperism,* p, 48.

The chapter will focus on three disparate unions, Sunderland, Chester-le-Street, and Weardale, illuminating the challenges of a large urban port, a mining district and a dispersed rural community. The chapter will demonstrate how each of the three unions dealt with the organisational and administrative issues involved in the implementation of the New Poor Law. It will analyse the appointment of officers, and the organisation of districts in order to identify the similarities and differences in the organisational structures for medical provision and the extent to which these structures served the needs of sick paupers. The analysis will add to the recent historiographical trend that the New Poor Law administration was not only regionally diverse but highly locally diverse by revealing both the socio-economic variation of the three unions and the diversity of organisation and operation for poor law unions within the same county.[182]

Features of the Old Poor Law in County Durham

The change from the Old Poor Law to the New Poor Law across County Durham meant abandoning existing systems that the propertied classes controlled and managed at local level. There were 284 parishes in County Durham that managed their own affairs under the direction of local decision makers.[183] Before 1834 poor relief was under the control of each parish, usually in the form of a parish vestry. Overseers conducted the collection of rates and the day-to-day distribution of poor relief on behalf of the parish, although magistrates had powers to overturn decisions in favour of the poor and to prevent parsimony. The 1818 Parish Vestry Act allowed parishes to form a vestry by the election of ratepayers, which meant that the ratepayers had control over the expenditure of the poor rates. The Sturges-Bourne Act of 1819 allowed parish vestries to form a select vestry to determine the objects, nature and amount of relief. A select vestry usually consisted of between five and twenty members selected by the open vestry and approved by a magistrate. Significantly, the Act gave the higher ratepayers additional votes, up to a maximum of six votes, which increased the influence of the propertied elite. In 1829 County Durham had 87 select vestries and 60 assistant

[182] Steven King, *Poverty and welfare in England 1700-1850, A regional perspective* (Manchester: Manchester University Press, 2000), p. 259; Karen Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire' (unpublished doctoral thesis, University of Hertfordshire, December 2016), p. 4.
[183] *Population Comparative Account of the Population of Great Britain in the years 1801, 1811, 1821 and 1831* (House of Commons Papers, 1831), 348, XVIII.1, pp. 85-91, The number of parishes in the county varies according to the area ascribed to the county in various public reports. Some unions crossed county boundaries and included parishes in neighbouring counties. For example, Teesdale union consisted of parishes in both County Durham and North Yorkshire. The North Yorkshire parishes are not enumerated here. Some parts of Northumberland were included in parliamentary returns as part of County Durham. These were not incorporated within County Durham unions and are omitted here.

overseers, a relatively high number compared to other parts of the country.[184] The county fits King's characterisation of select vestries proliferating the North of England compared to the South of England.[185] Shave concludes that select vestries pursued a rigorous approach to all aspects of relief administration, with policies developed locally to reduce relief expenditure.[186] The North of England was heavily industrialised, and with so many select vestries it is possible that these industrial regions wanted a tightly controlled administrative system for poor relief with paid employees accountable to an elected body. The poor law commissioners described parish vestries as 'the most irresponsible bodies that ever were entrusted with the performance of public duties, or the distribution of public money'.[187] The commissioners viewed select vestries more favourably but concluded that they suffer 'the same corrupting influences' as the open vestries.[188] However, the responses made by the County Durham parishes to the commissioners' questionnaires do not give any indication that the vestry system merits these comments. In the Durham parishes, most returns show a decrease in expenditure per head and a corresponding reduction in poor rates, over the period 1803 to 1831, which suggests the Old Poor Law system in the Durham parishes operated to the satisfaction of the ratepayers. Responses also indicate the county had low levels of pauperism, compared to the South of England. For example, Hertford reported 7.9% of the population received out-relief compared to Chester-le-Street at 0.5% and Bishopwearmouth at 2.3%.[189] These findings add weight to Eastwood's claim that the Poor Law Commissioners chose to ignore the 'rather better administered' parts of the Old Poor Law.[190] Two-thirds of the twenty-five County Durham parishes that responded to Chadwick's poor law enquiry in 1833-34 indicated they operated a select vestry. All of the urban parishes operated a select vestry, so we can assume that most of the county's parishes had a select vestry elected by ratepayers for the operation of the poor laws, and most of them appointed a paid assistant overseer.[191] Therefore, poor relief in County Durham was wholly controlled and managed efficiently at local level by the propertied classes before the implementation of the 1834 New Poor Law Amendment Act.

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[184] *Poor Rates: Abstract of Returns in each County in England and Wales in the year ending 25 March 1829* (House of Commons, 12 March 1830), p. 2, County Durham had the eighth highest number of select vestries in England.
[185] King, *Poverty and welfare in England,* pp. 26-27.
[186] Samantha Shave, *Pauper Policies Poor Law Practice in England, 1780-1850* (Manchester: Manchester University Press, 2017), p. 136.
[187] *Report from His Majesty's Commissioners for inquiring into the Administration and Practical Operation of the Poor Laws, (The 1834 Poor Law Report)* (The House of Commons, 21 February 1834), p. 61.
[188] *Operation of the Poor Laws Report,* p. 64.
[189] *Operation of the Poor Laws Report,* Appendix B, pp. 147a&b, 162a&b and 220a&b.
[190] Eastwood, *Governing Rural England,* p. 175.
[191] *Operation of the Poor Laws Report,* Appendix B, pp. 146-153 & 160-166.

Introduction of the New Poor Law in County Durham and the Role of the Assistant Commissioner

With most poor relief in County Durham controlled efficiently by a select vestry, at least from the rate-payers perspective, we might anticipate opposition to the introduction of a system that threatened local control. However, the commissioners determined to implement the Act in the southern counties first where they hoped to see the most change.[192] The commissioners did not begin implementation in the north until 1836 and between 1834 and 1836 they had very little communication with Durham's parochial authorities. Evidence of protest in the county is scant. Nevertheless, Sir William Chaytor, a Sunderland MP and supporter of the New Poor Law, warned Edwin Chadwick, the secretary to the poor law commissioners and architect of the New Poor Law, that the commissioners had every reason to anticipate opposition in County Durham.[193] An article in the *Durham Advertiser* confirmed his view, when it reported that practices such as the 'splitting of families' and 'food not fit for a dog' already operated in unions in the South of England.[194] Opposition came from the Tory-owned press, such as the *Durham Advertiser,* while the *Durham Chronicle,* aligned to the Whigs, supported the introduction of the new Act. However, Dunkley found evidence that suggests the parochial authorities of the county did not expect that the commissioners would apply the Act in the north.[195] In the absence of strong evidence to the contrary, and the limited number of articles on the Act in the local press, it seems reasonable to agree with Dunkley, that the local authorities expected to continue operating their existing poor relief system. The commissioners dashed any hopes local authorities may have held when they set their sights on the North-East in 1836 with every reason to expect resistance in County Durham.

Perhaps surprisingly, the expected opposition to the implementation of the New Poor Law in County Durham did not materialize, despite the fact it took place at a time of maximum controversy. There was strong well-publicised resistance in some northern areas such as Huddersfield, Bradford, Rochdale, Oldham and other towns of West Yorkshire and Lancashire.[196] People there viewed the New Poor Law as an assault on the rights of the poor as well as a loss of local control to Westminster. The opposition and unrest gained national attention in 1837, just at the time of the implementation of the Durham unions. Dunkley credits the appointment of John Walsham, as

[192] Shave, *Pauper Policies,* p. 7.
[193] The National Archives, (TNA), MH12/2928, Auckland, 1834-1842, 16 September 1834, correspondence between Chaytor and Chadwick.
[194] *Durham County Advertiser,* 'Poor Law Amendment Act', 2 September 1836.
[195] Peter James Dunkley, 'The new poor law and county Durham' (unpublished MA thesis, Durham University, 1971), p. 107. Evidence included correspondence with the commissioners from the Rector of Hurworth, near Darlington and from the vestry clerk of Sedgefield.
[196] Felix Driver, *Power and pauperism,* pp. 118-127.

assistant commissioner for the North-East region, with the successful implementation of the Act across the North-East region and several historians agree with this assessment.[197] McCord, Fraser and Ashworth each point to Walsham's credentials as a prominent landowner, who married into a powerful northern family, which gave him good connections to local influential leaders and decision makers. They also comment on his good relations with the commissioners and government ministers who allowed him considerable freedom in his decision making. This held him in good stead with northern guardians. His style contrasted with that of other assistant commissioners, such as Alfred Power and Charles Mott, who both took a confrontational approach with guardians in the Yorkshire and Lancashire unions.[198] There is no doubt that the formation of the Durham unions in a three-month period, between 10 December 1836 and 20 February 1837, represented a remarkable feat on the part of Walsham.

Good relations between the local and central authorities depended on the style of the assistant commissioner. An analysis of the styles adopted by assistant commissioners, subsequent to Walsham in the North-East region, illustrates the importance of their role as intermediaries. William H. T. Hawley was the assistant commissioner for the North-East region from 1842 to 1851, when Walsham left to undertake the role as assistant commissioner for the East Anglian region.[199] Hawley had a blunt and inflexible approach and thought it the responsibility of guardians to follow rules and regulations rather than for him to seek an acceptable local solution. In Sussex where he oversaw the formation of unions in 1835, he rigorously enforced the withdrawal of out-relief for able-bodied paupers, unless they entered the workhouse.[200] Although this was in the spirit of Malthusian doctrine and incorporated within various stages of the New Poor Law bills, it did not form part of the Act. Walsham, by contrast, told the South Shields guardians that he wanted a well-regulated workhouse, but they should not assume that he wanted all of the poor indiscriminately placed there.[201] In another incident Hawley told the chairman of the Petworth guardians that they should not accept a donation for the workhouse children to have a Christmas dinner because he 'did not

[197] Dunkley, 'The new poor law and county Durham', pp. 109-112. See also footnote 2 in this chapter for historians who agreed with Dunkley's assessment.
[198] Francis J Clement-Lorford, 'The reality and perception of The Poor Law Amendment Act (New Poor Law) of 1834 on the working class and poor in the Township of Huddersfield' (unpublished master's thesis, Roehampton University, 2010), p. 29; David Ashforth, 'The Urban Poor Law', p. 132.
[199] The 1847 Poor Law Amendment Act dissolved the Poor Law Commission and established the Poor Law Board which was directly accountable to parliament and operational from 1848. Assistant Commissioners were renamed as inspectors.
[200] *Second Annual Report of the Poor Law Commissioners for England and Wales* (House of Commons, 19 August 1836), pp. 6-7.
[201] Tyne & Wear Archives (TWA), PU/SS/1/1/1, South Shields, 1836-June 1838, 26 December 1836, correspondence from Walsham to South Shields guardians.

think it proper to allow it'.[202] In the Durham unions, the chairman, other guardians and local notables regularly donated monies for a Christmas dinner in the workhouse.[203] If the commissioners had assigned Hawley, with his unyielding approach, to the North-East region, instead of Walsham in 1836, then he would probably have experienced similar objections to the formation of unions as in other northern counties. Edward Hurst succeeded Hawley and demonstrated a political awareness and diplomatic style.[204] He sought to understand the detail of the issues under investigation before forming an opinion, which created a climate of trust between local and central bodies. For example, when a scandal threatened to erupt in Weardale in 1853 following the death of a poor man, the Poor Law Board asked Hurst to conduct an enquiry. The investigation produced a timely and satisfactory conclusion that minimised the potential consequences to the guardians and officers of the union and secured solutions to prevent any future occurrence of the issue.[205] The different styles of these three men produced different outcomes, dependent upon the recommendations made by them to the central authorities to resolve a local problem. In 1836, the move from a locally controlled poor relief system to a standardized national system required a mediator with diplomatic skills and a sensitive approach.

Walsham was selective with the information he shared and utilized both political and diplomatic skills effectively. On arrival in the North-East, he chose his words carefully, especially when referring to northern practices. He cultivated a positive image of himself and his role, especially with the Tory press, such as the *Newcastle Journal*.[206] Positive comments on the New Poor Law, and those relating to his rank and character, no doubt alleviated his task among those members of the local elite inclined to oppose the introduction of the New Poor Law. Before proceeding with the establishment of unions Walsham shared the details of his proposals for unions with local magistrates and other members of the local elite and called a series of meetings of prominent men from across the county. He held meetings in the large towns, such as Sunderland, Gateshead, Darlington and Stockton, in outlying areas such as Barnard Castle and one in Durham city, the county town, on 21 September

[202] *Select Committee on Poor Law Amendment Act. First Report* (House of Commons, 1837), p. 39.
[203] TWA, PU/SS/1/1/1, South Shields, 13 December 1836-26 June 1838, guardians minute book, 19 December 1836; TWA, PU/SS/1/1/2, South Shields, 10 July 1838-30 March 1841, guardians minute book, 7 February 1840; *Durham County Advertiser,* p. 2, c. 5, 1 January 1841, reports both Teesdale and Darlington received donations for Christmas dinner in the workhouse.
[204] Hurst held the title inspector rather than assistant commissioner, a change that occurred following the formation of the Poor Law Board in 1848.
[205] TNA, MH12/3335, Weardale, 1849-1855, 5 March to 7 April 1853, various correspondence.
[206] For example, *The Newcastle Journal,* 14 May 1836, p. 3, col. 2, 9 July 1836, p. 2, col. 5, & 16 July 1837, p. 2, col. 6, the various articles contained comments such as 'his steady and impartial administration', we … confess that … Walsham … [has] set the new law … in a much more favourable light'.

1836.[207] The overseers of the county, most of the magistrates, and 'a number of gentlemen' attended the Durham city meeting. Walsham presented a friendly face to his audience with apologies for calling the overseers 'from the harvest fields on so favourable a day'. He kept his remarks short and concise and adopted tactics to win over the support of the county's key influencers. He bestowed praise on the local authorities for keeping abuses in check and for maintaining low levels of pauperism. He also assured those present that through large scale operation, as a union of parishes, they would make financial savings and he provided examples of gains from the Dorset unions where he had previously operated as assistant commissioner. Importantly, he assured them that control of all key decisions in the newly formed unions would remain at local level, that the awarding or otherwise of relief, the amount awarded, the use of the workhouse, the number of officers appointed, and their salaries all rested entirely with the boards of guardians. He also told them that the boards of guardians would consist of men elected by the ratepayers of each parish, and he specifically pointed out that the Poor Law Commissioners could not interfere in matters of poor relief, a turn of phrase designed to assure his audience that decision making remained local. However, he left much of what the commissioners could do, unsaid. For example, the commissioners fixed the number of guardians for each union, and they determined that ratepayers could cast up to three votes dependant on the rateable value of property they held. Guardians would also need the approval of the commissioners for all officer appointments and contracts. Walsham did not mention any of these powers, which effectively gave the commissioners a final say on key appointments and the administrative processes. He concluded his speech with a reminder that despite any fears they held, they 'still had to be governed by the Act of Parliament' and obey the regulations. Walsham clearly favoured the carrot-and-stick management style in order to achieve his aims. In the event he succeeded, with very little opposition from local men. He was clearly a skilled negotiator and well aware that the welfare bargain was a local one, between administrators and receivers of relief in a particular political and social context.[208] Walsham's political skills certainly impressed the newspapers and local and national audiences. Such positive reviews have probably influenced historians when praising his actions. Nevertheless, when Walsham finished his speech, some members of the audience expressed concerns.

[207] *Durham County Advertiser*, 'The Poor Law Amendment Act', 23 September 1836, pp. 2-3, cols. 5, 6 & 1; *Durham County Advertiser,* 16 December 1836, p. 2, col. 6, Stockton meeting on 9 December, Teesdale meeting on 10 December, Darlington meeting on 13 December.

[208] Shave, *Pauper Policies,* p. 18, Shave quotes Steve Hindle who argues that under the old pool law the 'welfare process' was embedded in a complex web of interactions 'between the various participants'.

Despite securing the support of most of those present, overseers of the smaller parishes expressed concerns about combining with other parishes to form unions, fearing the larger parishes would dominate the decision-making process and neglect the concerns of the smaller parishes. This was especially a concern of peripheral rural parishes that surrounded large urban towns, such as those around Sunderland and Gateshead. They worried that they would carry more than their fair share of the rate burden with inadequate representation on the boards of guardians. Others questioned whether they would have to pay for the poor of other parishes. These were legitimate concerns, especially for parishes with elevated levels of poverty. The use of expenditure on the poor to calculate a parish's contribution to the common fund, meant that the burden of poor relief lay with 'poverty rather than wealth'.[209] In addition each parish had to pay a share of the establishment costs, including workhouse premises and union officers' salaries, calculated using the parish's average pauperism.[210] Crowther argues that the commissioners had 'exaggerated hopes' on a number of aspects, which would cause problems for the future, including the resentment of the burden carried by the poorer parishes which continued until 1865.[211] However, the devil is always in the detail and with a new system, those present probably did not fully understand all of the implications. Walsham with all of his experience chose not to enlighten them on these problems; instead, he appears to have allayed any fears. Any resistance that may have come from the overseers in the small County Durham parishes did not seem to materialise.

It is difficult to know what benefits the commissioners expected to see in County Durham because the parishes had already made substantial financial savings in the years immediately preceding the introduction of the New Poor Law. A member of the audience raised this issue with Walsham, declaring the county would not gain any benefits because they did not have the problems experienced in the South of England. The complainant here was presumably referring to the high levels of relief paid in the south compared to the north, as a result of the different employment prospects between the two areas. Shave's work highlights the issue of unemployment and low wages in the agricultural south.[212] King also found that the North of England paid less relief than the South and South-East of England.[213] This divide between north and south, voiced as it was at Walsham's meeting, was evidently a widely understood state of affairs in the mid-nineteenth century. However, all of northern England did not benefit from industrialisation. For example, much

[209] Peter Wood, 'Finance and the urban poor law', in *The Poor and the city: the English poor law in its urban context, 1834-1914,* Ed. by Michael E. Rose (Leicester: Leicester University Press, 1985), p. 26.
[210] M. A. Crowther, *The Workhouse System 1834-1929* (London: Methuen & Co, 1983), p. 51.
[211] Crowther, *The Workhouse System,* p. 23.
[212] Shave, *Pauper Policies,* p. 7.
[213] King, *Poverty and Welfare in England,* pp. 263-265.

of Northumberland and most of the North and East Ridings of Yorkshire contained vast areas of rural land given over to agriculture. These areas experienced similar difficulties to those in the South of England. Nevertheless, County Durham experienced increased industrialisation with increased populations and overcrowding which led to increased disease and medical demand in most of the county's unions. The benefits and changes for the county came mainly from improved medical care, the subject of the next chapter, which differed significantly from the financial gains achieved in the south of the country. However, medical care did not form part of the poor law report, nor did it feature in the poor law Act. So, commissioners would not have anticipated this benefit for northern unions.

With an obvious awareness of the limited benefits for northern unions Walsham clearly needed some local support. This came in the form of a Justice of the Peace, Rowland Burdon, who had probably met with and knew Walsham. Addressing the audience, he bemoaned the fact that 'it was a pity that Parliament had not been better informed of the differences between the North and South of England before they had fashioned this law'. Although this empathised with local concerns, the magistrate proceeded to press home Walsham's key message urging 'all in the county to conform with the law'. This was a powerful statement coming from a local magistrate who had powers of appointment of overseers and could overrule their decisions. Overseers and assistant overseers formed the majority of the audience and they no doubt heeded the magistrates warning. Nevertheless, Walsham was quick to soften this salutary warning. He assured those present of their importance in all stages of the decision making promising to circulate a draft paper that listed the parishes of each proposed union, along with the suggested guardian representation. He gave surety to those present that all comments and suggestions would receive his consideration, along with the necessary amendments made to his proposals. Despite Walsham's reassurances and willingness to listen, the meeting ended after some 'desultory conversation', which suggests at least some attendees remained sceptical. Nevertheless, the newspaper articles of the meetings, in Durham and other towns across the county, including those in the Tory-aligned press, suggest that Walsham had skilfully negotiated local fears and opinions.[214]

Although Walsham kept his promise to produce proposals and to listen to local men, he did not accept all suggestions put forward. The New Poor Law required a number of parishes to come together to form a union. In practice these parishes usually surrounded an arbitrarily chosen market town. The Act did not stipulate that a union should centre on a market town. However, the practice

[214] *Durham County Advertiser,* 23 September 1836, pp. 5-6, cc. 5-6 & 1.

seems to have emerged following experience gained in the southern counties with the first reference to it appearing in the commissioners' first annual report to parliament in 1835.[215] Walsham's proposal included the groups of parishes that would form the unions of County Durham, following consultation with the local elite and information on poor relief gathered from parish clerks. After approval by the commissioners, the Clerks of Petty Sessions received the proposal and consulted with the overseers and leading men of the county's townships. The clerks submitted all suggestions to Walsham for consideration and incorporation into his original proposal if approved. Gateshead expressed concern at the inclusion of outlying parishes, such as Ryton and Whickham, which could easily have combined with other Durham unions. Local opinion indicated that the town of Gateshead preferred to form a single union like Newcastle.[216] Walsham dismissed these suggestions and reported to the commissioners that guardians of the 'same clique should [not] have the sole control of the Union'.[217] The commissioners' consequently rejected the Gateshead proposal. Despite this rejection, the several petitions from Sedgefield to form a union alongside Durham, Easington, Stockton and Auckland produced a more favourable response. Walsham, however, expressed his doubts to commissioners on the self-interest of certain parties and confidently speculated that 'the Sedgefield union will memorialize to dissolve'.[218] This was a circumstance that did not materialize until the demise of all England's unions in the twentieth century. Importantly, Walsham kept his word and modified his proposals in response to local suggestions, a response that would satisfy most and would subjugate any dissenting voices.

Analysing Walsham's handling of other situations in the county, especially through his reports and correspondence with the commissioners, reveals more of his character and management style. For example, reporting on the pitmen, keel men and lead miners of the county, he told the commissioners that under the old system for poor relief 'looser or more unsystematic management --- prevailed',[219] Among the wider community he reported high bastardy rates, lack of support by children for their aged parents, and claimed those workers who lost their jobs applied immediately

[215] *First Annual Report of the Poor Law Commissioners for England and Wales* (London: House of Commons, 10 August 1835), p. 12.
[216] Norman McCord, 'The Implementation of the 1834 Poor Law Amendment Act on Tyneside', *International Review of social History,* 14, 1, (1969), 90-108, p. 97.
[217] TNA, MH12/3068, Gateshead, 1834-42, 18 October 1836, correspondence between Walsham and commissioners.
[218] TNA, MH12/3188, Sedgefield, 1834-45, 31 December 1836, correspondence between Walsham and commissioners.
[219] *Third Annual Report of the Poor Law Commissioners for England and Wales* (House of Commons, 17 July 1837), p. 19.

for relief.[220] Walsham appears to have reported what commissioners wanted to hear, because these claims do not withstand scrutiny in the Durham unions. Relief expenditure continued to decline across the county from the 1820s, a reduction generally attributed to the introduction of select vestries and paid overseers in most of the county's parishes.[221] Even by the mid-1840s the relief measures of the New Poor Law did not reduce the rates nor the incidence of pauperism any further than had already been achieved.[222] In the parishes that eventually formed the Chester-le-Street union poor relief expenditure was reduced from an average £7,000 per annum over the years 1834-6, to just over £6,000 per annum in 1836 and just over £5,000 in 1837.[223] In Weardale, the principles of the New Poor Law already operated following the arrival of the Reverend Darnell in 1830. The system there even included the publication of the names of those receiving relief in attempts to shame and deter pauperism, and relief was only available in extreme circumstances.[224] Walsham's criticism of workers who lost their jobs seems particularly harsh. The lead industry experienced a depression in the 1830s and again in the 1850s. In Weardale no other industries existed so miners had no alternatives other than relief or emigration. In the 1830s over 2,500 people left the area to seek work elsewhere.[225] These findings and performance figures do not equate with Walsham's reports to the commissioners. However, they are in line with the comments he made at meetings with local decision makers across the county. At these meetings, when he needed local cooperation to implement the New Poor Law unions, he heaped praise on the improvements they had made in the North-East on poor relief. It is clear that Walsham chose his facts and words to suit his audience and that his skills lay as much in politicking as administering the New Poor Law in the North-East.

Walsham compromised his political ideals in order to ensure the successful operation of the New Poor Law Act in Gateshead. In correspondence with the chairman of guardians, George H. Ramsay, a magistrate and industrialist, and with the support of the vice-chairman and the clerk of the union, Walsham determined to exclude the press from the guardians' meetings to limit negative coverage by opponents of the New Poor Law.[226] Exclusion of the press negates democratic ideals. However, it

[220] *Fourth Annual Report of the Poor Law Commissioners for England and Wales* (London: HMSO, 1838), pp. 32-33.
[221] Dunkley, 'The new poor law and county Durham', pp. 47-48.
[222] Dunkley, 'The new poor law and county Durham', pp. 285-286.
[223] Margaret Armstrong, 'The implementation and operation of the Chester-le-Street Union, 1837-1851' (unpublished MA thesis, Open University, 2017), pp. 24-25.
[224] Leo Gooch, 'The Implementation of the New Poor Law in the Lead-mining Districts of North East England, 1814-1844', *Journal of Durham County Local History Society,* 33, (1984), p. 13.
[225] *Comparative Account of the Population 1801, 1811, 1821 & 1831*, pp. 87 & 91; *Enumeration Abstract 1841* (London: HMSO, 1843), pp. 81 & 84, The population of Weardale in 1831 was 12,775 and in 1841 it was 10,174.
[226] TNA, MH32/77, Sir John Walsham correspondence and papers related to the Northern Districts, 6 January 1838.

also limited the potential for over-heated criticism of the New Poor Law and its masters, especially by the Tory press. Rivalry between Whigs and Radicals pervaded the political scene in Gateshead, but the Whigs, composed of the upper ranks of the town, dominated. They controlled the town's public bodies, including the board of the poor law union. Alerted by a 'notice in the papers' to a motion that would allow the press to attend board meetings Walsham sought the support of the town's 'clique' to defeat the motion.[227] In his letter to Ramsay, he warned that 'exaggerations, perversions of truth, and downright falsehoods' could result from allowing newspaper reporters to attend union meetings. On the one hand Walsham reported that he opposed the exclusion of the press, but on the other hand, he proceeded to justify the use of such practices on the grounds that they would 'paralyse … timid guardians' and would 'embolden the mischief makers … against the commissioners and their regulations'.[228] Sentiments such as these would no doubt hit their mark with the commissioners. To justify the exclusion of the press Walsham considered that the quarterly audits, the expenditure abstracts and the ratepayers' powers to inspect the books and accounts gave sufficient exposure for public accountability. However, Walsham did not apply this rationale to any other union in the North-East. In his correspondence with the commissioners, he declared that only in Gateshead, had he ever adopted this measure.[229] He went on to accuse the opposers of the New Poor Law of delivering '*ad captandum* speeches', a criticism that could equally apply to his own remarks to the Gateshead chairman.[230] This episode provides a very different view of Walsham to that regularly portrayed by historians, although some would no doubt claim that these actions and views demonstrate the pragmatic side of his character in a town containing influential people at both extremes of the poor law debate. Exclusion of the press from the Gateshead guardian meetings continued until 1849.[231] However, if opponents of the New Poor Law had known of Walsham's dealings at the time, then it would have confirmed their fears of central control and diminishing power at local level.

[227] TNA, MH32/78, Sir John Walsham, correspondence and papers related to the Northern District, 3 October 1839, appended letter dated 17 January 1838, Walsham does not say what papers alerted him to the motion. It is not clear whether they were guardian minutes, summary notes, or even newspapers. But in his letter of 17 January 1838 to chairman Ramsay his opening sentence is 'I notice in the papers a motion made at your Board'. As assistant commissioner he may have received copies of guardian minutes as a matter of course.
[228] TNA, MH32/78, Sir John Walsham, correspondence, 3 October 1839.
[229] TNA, MH32/78, Sir John Walsham, correspondence, 3 October 1839
[230] TNA, MH32/78, Sir John Walsham, correspondence, 3 October 1839.
[231] Francis William David Manders, 'The administration of the Poor Law in Gateshead Union, 1836-1930' (unpublished M. Litt. thesis, University of Newcastle upon Tyne, 1980), p. 8, it is interesting to note that Brockett founded the town's first newspaper *The Gateshead Observer*, in 1837, and John Lowthin, the union's first clerk, was the printer of the newspaper.

In addition to the skilful management of Sir John Walsham, the experience gained enacting operations in the southern districts of England also assisted the smooth introduction of the New Poor Law in County Durham. Walsham consulted local dignitaries regarding proposals for the county's unions, but the landed magnates do not appear to have expressed concern on the boundaries of the unions which did not take account of the existing estates.[232] The estate of the Countess of Durham crossed the boundaries of the Houghton-le-Spring and Chester-le-Street unions. Chapter four explores a situation involving the estate workers when they needed medical care. Digby found that the assistant commissioner for Norfolk did not take account of the estates there, when setting the union boundaries, unlike Northamptonshire with an unusually high number of active landed magnates.[233] In the event County Durham comprised fourteen unions (Table 1.1) which became fifteen when Hartlepool seceded from the Stockton union in 1859. The attendance of Walsham at all inaugural meetings of the Durham unions ensured a start to New Poor Law operations that conformed with national standards. As we will see, local need required a number of changes to these standards, especially for the provision of medical services.

Table 1.1 Durham unions at inauguration of New Poor Law, 1836-37

Durham Unions	Date instituted	Acreage	Population 1831	Average poor law expenditure 1834-36 - £	Parishes	No of guardians
Auckland	9 Jan 1837	58289	14632	4574	33	40
Chester-le-Street	15 Dec 1836	31066	17178	7180	20	33
Darlington	20 Feb 1837	60759	18883	6882	41	50
Durham	10 Jan 1837	41467	15550	5015	24	33
Easington	25 Jan 1837	34660	6984	1259	19	22
Gateshead	12 Dec 1836	22891	31017	9011	9	30
Houghton-le-Spring	20 Jan 1837	14041	21093	4606	16	32
Lanchester	4 Jan 1837	48984	7924	3077	18	21
Sedgefield	7 Feb 1837	39091	5286	2088	23	24
South Shields	10 Dec 1836	13234	24427	9029	6	25
Stockton	22 Feb 1837	72350	23236	7375	41	54
Sunderland	13 Dec 1836	11565	42664	10930	11	34
Teesdale	18 Feb 1837	169962	19839	7730	44	52
Weardale	5 Jan 1837	95070	12775	3590	4	16
County Totals		713429	261488	82346	309	466

Source: *Third Annual Report of the Poor Law Commissioners* (London: House of Commons, 17 July 1837), Appendix C, pp. 143-146.

[232] TNA, MH12/2968, Chester-le-Street, 1836-45, date stamped 3 September 1844.
[233] Anne Digby, *Pauper Palaces* (London: Routledge & Kegan Paul Ltd, 1978), p. 55.

Guardians

In all of the Durham unions, magistrates, as *ex-officio* guardians, held the chair of the boards of guardians. For example, Andrew White, a magistrate with coal and shipping interests as well as being the MP from 1837 to 1841, chaired the Sunderland union; the Reverend William Nicholas Darnell, rector of Stanhope and estate owner, chaired the Weardale union; Thomas Fenwick, a magistrate and Newcastle banker, chaired the Chester-le-Street union; and Richard Shortridge, a magistrate and glass manufacturer, chaired the South Shields union.[234] Both Rose and Rothery found *ex-officio* guardians held the chair in West Yorkshire and Hertfordshire unions respectively.[235] As we have seen, prior to the Act, magistrates had considerable powers in provincial local government affairs. As well as maintaining law and order they oversaw the local administration processes of the poor law.[236] Dunkley claims that the election of boards of guardians from all of a union's ratepayers was a radical move on the part of the central authorities in terms of the shift of power from magistrates to elected ratepayers.[237] Driver found that magistrates from Huddersfield actively resisted the implementation of the New Poor Law and failed to keep the peace.[238] Magistrates, however, did not obstruct its implementation in the Durham unions. Driver suggests that a number of factors account for these different responses by magistrates including the intensity of political activity in the area, the inclination of local elites and the relations between existing bodies and the new boards of guardians.[239] At least two of these factors favoured a smooth transition in the Durham unions. The elected boards of guardians consisted of the most influential persons in each union and the personal skills of the assistant commissioner, as we have seen, secured the confidence of the local elite.[240] McCord also considered the comparative prosperity of the area at the time, which differed from the West Riding of Yorkshire, played a part in effecting a straightforward transition.[241] In their role as chair, magistrates directed poor law policy at local level and they could ensure that the important early decisions of guardians met with their approval. However, after a few

[234] TNA, MH12/3268, Sunderland, 1834-42, guardian minutes, 16 December 1836; TNA, MH12/3333, Weardale, 1834-42, guardian minutes, 7 January 1837; Durham Record Office (DRO), U/Du 1, Durham guardian minutes, 12 January 1837; TNA, MH12/2968, Chester-le-Street, 1836-45, guardian minutes, 15 December 1836; TWA, PU.SS/1/1/1, South Shields, 13 December 1836-26 June 1838, guardians' minutes, 13 December 1836.

[235] Michael E. Rose, 'The Administration of the Poor Law in the West Riding of Yorkshire' (unpublished doctoral thesis, Oxford University, 1965), p. 146; Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire', p. 149.

[236] Eastwood, *Governing Rural England,* p. 105.

[237] Peter Dunkley, 'The Landed Interest and the New Poor Law: a critical note'*, The English Historical Review,* vol. 88, (1973), 836-841, p. 838.

[238] Driver, *Power and pauperism,* pp. 127-128.

[239] Driver, *Power and pauperism,* p. 123.

[240] McCord, 'The Implementation of the 1834 Poor Law Amendment Act on Tyneside', p. 97 & 93.

[241] McCord, 'The Implementation of the 1834 Poor Law Amendment Act on Tyneside', p. 93.

years, when unions operated to magistrates' satisfaction on a regular basis they no longer acted as chairmen nor attended in their capacity as *ex-officio* guardians, unless some urgent matter required their attendance. Both Digby and McCord made similar findings in the Norfolk unions and Tyneside unions, respectively.[242]

Although it was common practice for *ex-officio* guardians to hold key roles on the union boards, in the Durham unions all of the *ex-officio* chairmen had industrial and commercial interests, with the exception of the land-owning vicar of Stanhope who chaired the rural Weardale union. None of the county's landed magnates undertook the role of chairman, or any other role, in the Durham unions. The landed magnates of County Durham included men such as the Marquess of Londonderry, the Earl of Durham and the Earl of Strathmore, whose interests rested mainly with mining, and the Bishop of Durham in the form of the Dean and Chapter, with land holdings and mineral rights across the county. This was one of the richest cathedrals in England until 1868 when the holdings transferred to the Ecclesiastical Commissioners.[243] Evidence from this study also indicates that the agents of these landholders, who stood as guardians, rarely attended meetings and made no contribution to the policies or operation of the union. This finding supports Dunkley's claim that the landed magnates of Northamptonshire, who held union offices as *ex-officio* guardians, was extremely unusual.[244] Nevertheless, the landed magnates in County Durham could utilize their power over guardians by other means.

Although Durham's landed magnates did not play an active role in union business, they could apply their powers as and when it suited them. The open voting system that operated in unions allowed magnates to secure the votes of elected guardians in those parishes where the magnates owned the land. Many of the guardian farmers were tenants of the landed magnates and therefore economically dependent upon them. For example, Henry Morton, the steward and land agent to the 2nd Earl of Durham, was also an elected guardian for the small parish of Biddick on the Chester-le-Street union's board of guardians from its inception in 1836.[245] Morton resided in Biddick Hall, a property owned by the Earl. The Earl also owned most of the farmlands in the Chester-le-Street area. Consequently, he was the landlord of most of the guardians. In 1847, when the Earl wanted a favour for a retired army man, Mr Croudace, he made it known to the tenant guardians, that they should

[242] Digby, *Pauper Palaces,* p. 5; McCord, 'The Implementation of the 1834 Poor Law Amendment Act on Tyneside', p. 97.
[243] GB33DCD, Durham University Archives, Durham Cathedral Archive 11th-21st Century.
[244] Dunkley, 'The Landed Interest and the New Poor Law', p. 840.
[245] *Durham Advertiser,* 16th December 1836, p. 2.

appoint Croudace to a recently advertised post as relieving officer, despite the fact Croudace was prone to drink. Morton, who had only attended guardian meetings four times in ten years, turned up to make sure the guardian farmers attended and that the vote went as the Earl favoured.[246] Even the ex-chairman, Thomas Fenwick, who had retired three years earlier and ceased to attend guardian meetings, appeared in his *ex-officio* capacity, in order to vote in the Earl's favour.[247] The *Newcastle Journal* reported that several guardians had 'already promised their support to other candidates' but 'they were obliged' to vote for Morton's man.[248] This incident gives support to Brundage's claim that the authority of *ex-officio* guardians 'was based on more than their presence on the boards' and they had the confidence that the guardians, such as the farmers and land agents, would not do anything inconsistent with their interests.[249] Although the men of power in County Durham, usually land and coal owners, could exert their authority when they wanted, they rarely resorted to interfere in union business. In the absence of any other evidence on landed magnate involvement in the Durham unions we can reasonably conclude that the landed magnates may have used their powers to gain favour, but they do not appear to have used those powers to influence decisions that affected the primary business of the union, the poor and the ratepayers. So, while Brundage is right that the landed magnates could wield their powers in the poor law unions, in the Durham unions they do not appear to have used their powers to materially affect the local poor law policies and decision making of the unions. The Chester-le-Street case was an exception when the Earl of Durham sought patronage from his men for a friend.

Most *ex-officio* members in the Durham unions attended guardian meetings infrequently, but the *ex-officio* chairmen attended regularly. For example, in Darlington, John Allen, the *ex-officio* chairman and prominent member of the Darlington community, had an attendance record between 67% and 78% over the years 1837 to 1841 against an average guardian attendance for the Darlington union of 24% to 30% in the same period.[250] He was clearly in a strong position to direct and oversee proceedings. On the few occasions he was unable to attend, John Pease, the vice-chairman, another influential member of the Darlington community, took his place and maintained effective control.[251]

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[246] *Newcastle Journal*, 'Chester-le-Street Poor Law Union', 13 March 1847, p.3.
[247] June Crosby & H. J. Smith, eds. *Chester-le-Street in 1851* (Durham: Durham University, 1983), p. 52.
[248] *Newcastle Journal,* 13 March 1847, p. 3.
[249] Anthony Brundage, 'The Landed Interest and the New Poor Law: a reply'*, The English Historical Review,* vol. 90, (1975), 347-351, pp. 348 & 350.
[250] DRO, U/Da 676, various Darlington guardian minutes, 2 February 1837-23 September 1839; DRO, U/Da 677, various Darlington guardian minutes, 7 October 1839-13 June 1842.
[251] John Pease was a member of the prominent Pease family responsible for the development of the world-famous Stockton-Darlington railway along with the Backhouse family of Darlington who were joint founders of Barclays bank, major financiers of the railways and members of the Darlington poor law guardians.

The *ex-officio* chairman of the Durham union, Thomas Greenwell, had a 70% attendance record and James Brooksbank, the vice-chairman and Durham magistrate, recorded an attendance of 74% to 83% between 1837 and 1840. These two compared to an average guardian attendance in the Durham union of 39% to 46% over the same period.[252] Thomas Fenwick, the *ex-officio* chairman of the Chester-le-Street union, had a similar attendance record during his period of office. Rothery also found that the *ex-officio* guardians in the Hertfordshire unions who took on the role of chairman attended meetings regularly, and like the Durham guardians she found that over time the other *ex-officio* members ceased to attend.[253] Brundage notes that under the Old Poor Law magistrates were content to leave the administration of poor relief in the hands of competent local parishioners but maintained control through appellate jurisdiction.[254] Under the New Poor Law they lost that form of control but could take direct charge as *ex-officio* guardians. The county magistrates only needed one magistrate on each union board, elected as chairman and willing to attend each union meeting regularly. Thereafter, they could leave poor relief matters in their safe hands with no need for other magistrates to attend meetings. The County Durham magistrates, in at least the early years of union operation, clearly adopted this strategy to retain control of poor relief. Further research could ascertain whether this or a similar situation prevailed in unions across the country.

In the Durham unions, only the larger towns and parishes, such as Darlington, South Shields and Westoe had contested elections for guardians.[255] Meanwhile, the very small parishes, such as Cliffe in the Darlington union and Kimblesworth in the Durham union, found it difficult to find anyone willing to serve. Ashforth found a comparable situation in the Bradford union with contested elections in the populated urban areas, but in the small rural parishes of the union, ratepayers never had to vote.[256] In Hertfordshire, Rothery found few parishes had contested elections for guardians with most nominated in rotation. She likened this to the old vestry system of nominating men to act as overseer in the parish. Like the Durham unions she found parishes with small populations had difficulty identifying anyone eligible to stand as a guardian.[257] Guardians did not need to have any qualifications or experience in order to serve on the union board. They only had to meet the property criterion. In the early years of poor law operation, prospective guardians needed to have a property rating of £25 per annum, although each union could vary this amount with the approval of

[252] DRO, U/Du 1, Durham guardian minutes, 12 January 1837-28 December 1844.
[253] Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire', pp. 148-149.
[254] Anthony Brundage, 'The Landed Interest and the New Poor Law: A Reappraisal', p. 34.
[255] *Durham Chronicle,* 24 February 1837, p. 2, col. 6; *Northern Liberator,* 7 April 1838, p. 3, col. 5.
[256] David Ashforth, 'The Poor Law in Bradford c. 1834-1871, A study of the relief of poverty in mid-nineteenth century Bradford' (unpublished doctoral thesis, University of Bradford, 1979), p. 94.
[257] Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire', pp. 142-143.

the Poor Law Commissioners. For example, Gateshead reduced the qualifying amount to £15 in 1842 to better reflect the 'suitable' ratepayers of the town.[258] Every parish elected at least one guardian, with the larger parishes and townships having more members according to the population. In the Gateshead union, the large urban parishes of Gateshead with ten guardians and Heworth with six guardians regularly held elections for the office of guardian, while in Sunderland the Bishopwearmouth parish with nine guardians held strongly contested elections. As the largest parish Bishopwearmouth dominated the Sunderland guardians throughout the nineteenth century. The Durham unions usually held meetings of guardians in the urban centres, which made it easier for guardians of those centres to attend but deterred those from other parishes from attending regularly.

The attendance of elected guardians at board meetings in County Durham varied considerably despite the importance of the role. A number of obstacles prevented regular attendance and a range of factors caused some meetings to have a high guardian turnout. There were over 400 men designated as elected guardians in the 15 unions of County Durham. This suggests that the unions had the potential to access an extensive range of skills and experience. Importantly, how they fulfilled their role set the tone of poor relief in the union. The role of a guardian was voluntary, with regular attendance at meetings expected but not compulsory. They had to make decisions on poor relief in accordance with poor law regulations and needed to recruit staff, contract for goods and services, commission the building of a workhouse, oversee the operation of a workhouse and manage all finances. It is clear that the role of a guardian was an onerous task, with no remuneration. In addition, most of the guardians in County Durham were engaged in trades and professions rather than living sedentary lifestyles from unearned income and rents. It is not surprising that the commitment of individuals and the ability to attend meetings regularly varied, especially when unions held weekday meetings every week. As the operation of the union progressed with routines established, weekly meetings gave way to fortnightly meetings. Dunkley found that the Darlington guardians, as early as 1838, requested the commissioners to allow fortnightly meetings because of the difficulty that some guardians had attending meetings every week.[259] In the Hertfordshire unions, Rothery found that many meetings had low attendance and that '*elite* involvement was the mainstay of the boards'.[260] There were other reasons for non-attendance. Men nominated as guardians did not have to agree to their nomination, but in the

[258] TNA, MH12/3068, Gateshead, 1834-42, February 1842, Commissioners' letter agreeing to reduction in rating qualification to be a guardian.
[259] Dunkley, 'The new poor law and county Durham', p. 130.
[260] Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire', pp. 136 & 141.

absence of any other nomination the clerk to the union appointed them as guardians. Consequently, some appointed guardians refused to undertake the role and the relevant parish was unrepresented on the board for that year. This was frequently the case in small parishes such as the Kimblesworth and Sherburn Hospital parishes in the Durham union, Dalton, Cleasby, Coatsaw Moor, Great Burdon, Killerby and Cliff in the Darlington union and Edmondsley in the Chester-le-Street union.[261] Although attendance at meetings was generally low, attendance levels rose at times of crisis, especially on matters of finance or health-related issues. For example, in the Chester-le-Street union, following a medical dispute, a meeting to appoint replacement medical officers had a high turnout of guardians. Sixteen guardians attended compared to the usual attendance of between four and seven guardians.[262]

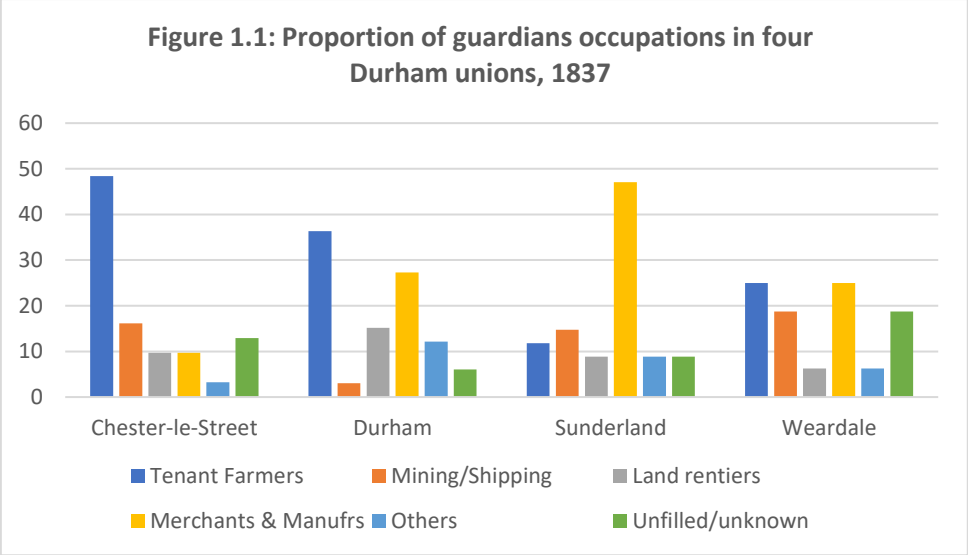
Analysis of the occupations of elected guardians in the Durham unions indicates the extent to which the boards of guardians represented the economy of the unions. This study has assembled guardian data for the Chester-le-Street, Durham and Sunderland guardians for the year 1837 and for the Weardale guardians for the year 1844/5.[263] In order to develop profiles of guardians, including their occupations, the study has extracted details from local and on-line records including census data, commercial directories, electoral rolls, poll books and newspapers. Categorizing occupational data is a complex issue and historians have used several schemes.[264] Most are unsuitable for the small-scale sample here. A simple series of six categories is sufficient for analysis and comparison of guardian composition between unions both within this and other local studies. The six categories are as follows: tenant farmers are small tenant farmers; mining and shipping include mine agents, owners & viewers and ship owners and agents; landed interests include rentiers and non-working landowners; others include clergy, attorneys, bankers, schoolmasters and printers.

[261] DRO, U/Du 1, Durham guardian minutes, 1837-41; DRO, U/Da 676, Darlington guardian minutes, 1837-39; DRO, U/Da 677, Darlington guardian minutes, 1839-42; DRO, U/CS2, Chester-le-Street guardian minutes, 1848-49.

[262] DRO, U/CS2, Chester-le-Street guardian minutes, 23 March 1848-1 April 1852, guardian minutes for 7 September 1848.

[263] Guardian minutes for Weardale in the decades before 1860 have sadly not survived. There is some reference to guardians at the public record office from 1845 and a newspaper article listing the outcome of elections for 1844.

[264] For example, the Primary, Secondary, Tertiary (PST) system of classifying occupations; the Standard Occupational Classification; and the Booth/Armstrong classification of occupations.



Sources: TNA, MH12/2968, Chester-le-Street, 1836-45, Guardian minutes 15 December 1836; DRO, U/Du 1, Guardian minutes 12 January 1837; TNA, MH12/3268, Sunderland, 1834-42, Guardian minutes 16 December 1836; *Newcastle Courant,* 12 April 1844, p. 4.

The composition of the boards of guardians in the four unions tended to reflect the economic interests of the union. The Sunderland board consisted mainly of merchants and manufacturers, with a strong representation from those employed as coalmine managers or agents and ship owners and agents. The board generally reflected the major sectors of the town, albeit by those who were owners of the business and means of production, rather than the working classes as clients or employees. The board of the smaller Chester-le-Street union consisted mainly of tenant farmers along with a small number of mining, manufacturing and wealthier landowner members. George Burnet was a typical farmer guardian of the Chester-le-Street union who had 249 acres and employed six labourers.[265] His personal estate was valued at £100 in 1878, around £10,000 today.[266] The guardian farmers of the Chester-le-Street union were generally men of modest means. The chapter has already pointed out that the land in the county was in the hands of a small elite. Although farmers appear to have dominated the Chester-le-Street guardians, they were in fact obligated in the main to the Lambton family and the bishop of Durham.[267] Farmers were also busy working men, dictated to by the seasons and the weather, which limited their availability to attend meetings. However, when the Earl required the votes of his tenant farmers, as discussed earlier, his agent, Henry Morton, made sure they all attended. Analysis of the attendance records of guardians over the period 23 March to 28 December 1848 shows that the average attendance of the farmer guardians in the Chester-le-Street union was 21% compared to 23% for the merchants and 65% for

[265] Ancestry.com, *Census Returns of England and Wales, 1851,* HO107/2394, Birtley, p. 31.
[266] Ancestry.com, *England and Wales, National Probate Calendar (Index of Wills and Administration) 1858-1995,* Probate George Burnet, 11 May 1881.
[267] The Earls of Durham were each the head of the Lambton family.

'Others'. 'Others' in this case were all professional men.[268] Although the farmer guardians of the Chester-le-Street union outnumbered the other occupational categories, the merchants and professional men attended the guardian meetings more frequently, which meant that collectively they held greater sway in decision making and the setting of relief policy. Apart from the township of Chester-le-Street itself, the parishes of the Chester-le-Street union were largely coal-mining communities. As mentioned earlier, coalminers and their families lived in houses, rent free, that belonged to the coal owners. Miners across the North-East region neither owned their own homes nor leased them. This meant that they did not pay rates and had no entitlement to vote or to stand for election as guardians. Consequently, this large section of the various communities across Durham County had no representation on the respective boards of guardians. The same was the case in the Durham union. However, the board of the Durham union contained more merchants and *ex-officio* members, which reflected Durham's position as an affluent merchant and county town. The Weardale board of guardians reflected their rural economy with a balanced representation of farmers, small merchants and manufacturers who provided a range of local services for the scattered communities. However, they had no lead miners on the board. With lead miners' wages ranging between £15 per annum in a bad year and £40 in a good year, few, if any lead miners, would pay a sufficient level of rates to qualify for election as a guardian.[269] However, factors other than occupation played a role in forming the character and style of the board of guardians.

In addition to business interests, family connections, religious associations and political allegiance all played a role in setting the direction of union policies. In the Sunderland union most of the Bishopwearmouth guardians had relationships and interests in common with each other. These active members of the guardians used their connections to control most aspects of Sunderland life, including their re-election as guardians to the union's board in this hotly contested parish. Wood found that it was only at times of 'extreme distress', such as epidemics or financial concerns that other elected guardians attended board meetings.[270] This was true of most of the Durham unions, which is in accord with Crowther's finding that cliques with common interests usually dominated boards of guardians.[271] This was certainly the case with the Bishopwearmouth guardians who attended the Sunderland union board meetings regularly. No doubt the location of the board room

[268] DRO, U/CS2, Chester-le-Street guardian minutes, 23 March 1848-1 April 1852, the 'others' category included professional men, ministers, gentlemen, retired men and any not included in the other five categories. In this instance the guardians were all professional men.
[269] Leo Gooch, 'The Implementation of the New Poor Law in the Lead-mining Districts', p. 7.
[270] Peter Alfred Wood, 'The activities of the Sunderland Poor Law Union 1834-1930' (unpublished M. Litt. thesis, University of Newcastle-upon-Tyne, 1975), p. 48.
[271] Crowther, *The Workhouse System,* p. 75.

in the workhouse, situated within the Bishopwearmouth parish, facilitated their regular attendance. However, their enthusiasm may also reflect the political frustration of a population with no borough representation in parliament and totally reliant on a preoccupied county representative. It was not until the Reform Act of 1832 and the achievement of borough status in 1835 that Sunderland secured its own parliamentary representative. An 1823 election in Bishopwearmouth demonstrates the political enthusiasm of the town when fifty candidates stood for twenty seats.[272] The politics of the three main Sunderland parishes, Bishopwearmouth, Monkwearmouth and Sunderland, centred on the port activities and the siting of the new dock. In Bishopwearmouth and Sunderland parishes, which lay south of the river, political allegiance lay with Lord Londonderry, while Monkwearmouth parish, north of the river, had allegiance with the Whig landowner Hedworth Williamson. Andrew White of Bishopwearmouth, a liberal reformer, emerged as the leader in the drive for Borough status in 1835. He became the first mayor of the borough, the first chairman of the board of guardians and an MP in 1837. These recent local political changes gave the men of Bishopwearmouth the upper hand in the town's affairs.[273] However, these Bishopwearmouth men had more than just political allegiance in common.

Religious affiliation and family connections were equally strong among the Bishopwearmouth guardians. Quakers and other nonconformists dominated the guardians with several holding other town positions such as mayor and chairmanship of various commercial and political bodies. For example, Joshua Wilson, a grocer and prominent Quaker, served as a guardian from 1841, as chairman of the board in 1856, and as a member of the Borough Council. He worked closely with Edward Backhouse, an *ex-officio* guardian, banker, shipowner and prominent Quaker.[274] Guardians Caleb Richardson, a miller, and John Mounsey, a coal owner, were both Quakers related to the powerful Backhouse family, the latter married to Lucy Backhouse, daughter of Edward Backhouse.[275] These and other nonconformist guardians dominated the Sunderland union and the Borough council, which reflected the religious composition of the population of both the union and the borough. Nearly a third of the union population of 70,576 in 1851 were born outside the town,

[272] Wood, 'The activities of the Sunderland Poor Law Union 1834-1930', p. 19.
[273] Thomas Johnson Nossiter, 'Elections and political behaviour in County Durham and Newcastle, 1832-74 (unpublished doctoral thesis, Oxford University, 1968), Nossiter provides an excellent account of political issues in Sunderland and County Durham; Wood, 'The activities of the Sunderland Poor Law Union 1834-1930', pp. 29-31, provides a useful summary of the political changes affecting the three main parishes, Bishopwearmouth, Sunderland and Monkwearmouth, taken from Nossiter's work.
[274] The Backhouse family were prominent bankers. Edward Backhouse moved from Darlington to Sunderland and among other interests was one of the founders of the Sunderland Echo. He married into the Mounsey family.
[275] Ancestry.com, *Census Returns of England and Wales, 1861*, RG 3772, John Mounsey; Wood, 'The activities of the Sunderland Poor Law Union 1834-1930', p. 51.

coming from Yorkshire, Scotland, Ireland and other parts of County Durham.[276] In the same year there were 72 different places of worship recorded, including Presbyterian, Baptist, Quaker, Methodist, Roman Catholic, Jewish and Anglican congregations. Methodism was the dominant force in Sunderland which lessened the influence of the established church.[277] Migration from and into other parts of County Durham also impacted on the social and religious character of the area. McCord found that the nonconformist religions gained popularity in the northern mining districts.[278] Nevertheless, religious representation on the boards of guardians did not always reflect the population of the unions of the county. For example, the Quaker influence in Darlington was disproportionate to their numbers. Quakers owned most of the town's businesses and held most political and social positions.[279] As major employers patronage assured their election as guardians and their representation on the board of guardians reflected the importance of their position and influence in the town.[280] A local newspaper reported that of the nine elected guardians for the Darlington township, the Quakers secured five, the Methodists three and the established church one.[281] In most unions of County Durham nonconformists were dominant, including Weardale. However, it was the clergymen of the Established Church who had entitlement to sit as *ex-officio* guardians, although their influence varied from union to union.

The Reverend William Nicholas Darnell, an Anglican minister, chaired the Weardale board despite most of the Weardale population embracing nonconformist denominations, notably Wesleyans (40%) and Methodists (22%).[282] Darnell was a minister awarded an income of £5,000 per annum along with lead mining royalties. This gave him a high-ranking status within his profession and alongside many of the gentry.[283] Darnell had arrived in the valley in 1830 and along with Gateshead MP Cuthbert Rippon, who lived in Stanhope Castle, dominated the Select Vestry. Together they championed the adoption of the deterrent principle under the Old Poor Law in Weardale. Darnell, as an Anglican minister, was undoubtedly familiar with Malthusian and Benthamite thinking, as was Rippon, in his capacity as a parliamentarian. They made a formidable force on the Weardale Select

[276] Gillian Cookson, Ed., 'A History of the County of Durham, Volume V: Sunderland', *A Victorian County History* (Woodbridge: The Boydell Press, 2015), p. 9.
[277] G. E. Milburn, 'Religion in Sunderland in 1851', *Journal of Durham County Local History Society,* 18, (1975), pp. 2-28.
[278] Norman McCord, *British History, 1815-1906* (Oxford: Oxford University Press, 1991), p. 122.
[279] Gillian Cookson, 'Quaker Families and Business Networks in Nineteenth-Century Darlington', *Quaker Studies,* 8, 2, Art. 3, (2003), p. 123.
[280] Cookson, 'Quaker Families and Business Networks in Nineteenth-Century Darlington', p. 134.
[281] *Durham Chronicle,* 'Darlington Poor Law Union', 24 February 1837, p. 2, col. 6.
[282] G. E. Milburn, 'The Census of worship of 1851', *Journal of Durham County Local History Society,* 17, (1974), pp. 3-20.
[283] McCord, *British History, 1815-1906,* p. 100.

Vestry. Most vestry men were sensitive to the difficulties faced by lead miners and others in the community. Nevertheless, the opposing voices of a powerful politician and influential Anglican minister, forced other vestry men to fall silent.[284] The enthusiasm of these two men for the deterrent approach to poor relief led to the introduction of severe measures in the valley before the implementation of the New Poor Law. In the 1834 Poor Law Commissioners' report, John Wilson, an assistant commissioner, reported that Stanhope had lowered its poor rate through the use of the workhouse and the 'publication of parish accounts'. The publication included the names of paupers, which clearly acted as a means of public shaming and 'as a check to pauperism', while those in the workhouse undertook 'full and constant work'.[285] When the price of lead fell between 1826 and 1836, the deterrent regime meant that 'five hundred families were compelled to seek employment elsewhere', most going to the coalmining districts of the county and further afield.[286] In a union composed largely of working-class people and few resident landowners, opportunity existed for powerful newcomers to influence and dominate local affairs.

The punitive approach of the Stanhope Select Vestry is also evident in some of the contradictory responses in the Poor Law Commissioners report. For example, replying to one question, Joseph Little, an agent of the Lead Company, stated that the rates had diminished by 5%, whereas the Reverend Darnell reported that they had increased.[287] This implied that Darnell thought the New Poor Law should impose even tighter measures than already existed. There were similar contradictions for other questions in the report. The newly formed board of guardians, chaired by Darnell, operated in the spirit of the New Poor Law from its inauguration in 1837, which meant very little change in this part of the county. The parsimonious and deterrent operation of the Weardale union concurs with King's classification of unions of parts of County Durham. He labels the easternmost unions of the county as relatively generous in their application of the New Poor Law, but places the westernmost unions of the county, broadly those at the start of the Pennines, alongside the unions of the North-West of England. These he describes as parsimonious in both payments and sentiment.[288] Although other parishes in the county made savings in poor relief over the three years prior to incorporation, the austere measures taken against the poor in the Weardale

[284] Gooch, 'The Implementation of the New Poor Law in lead-mining districts', p. 15; The article by Gooch provides more detail on the Old Poor Law operation in Stanhope under the select vestry, in particular he gives evidence on the introduction of the harsh regime from 1830 when Darnell arrived.
[285] *The 1834 Poor Law Report*, Appendix A, pp. 139A-140A.
[286] *The 1834 Poor Law Report*, pp. 139A-140A; Christopher John Hunt, 'The economic and social conditions of lead miners in the North Pennines in the eighteenth and nineteenth centuries' (unpublished PhD thesis, Durham University, 19680), Available at: http://etheses.dur.ac.uk/9958/, p. 133.
[287] *The 1834 Poor Law Report,* Appendix B, p. 160b, Question 31.
[288] King, *Poverty and welfare in England,* pp. 262-263.

union were not typical of the other Durham unions. The continuity of the same personnel in Weardale meant a continued enforcement of harsh policies between the Old and the New Poor Law.

The economy of Weardale in the nineteenth century depended mainly on lead-mining and agriculture, with most land farmed by lead miners at a subsistence level to feed their own families. Most inhabitants of the upper dale depended on lead mining under the control of the London Lead Company with ninety per cent of the inhabitants of Stanhope, the main township of the Weardale union, dependent on the lead industry in 1832.[289] According to an 1842 report life expectancy of lead miners in Weardale was 49 years, most dying of respiratory disease.[290] They invariably left behind widows and children who needed to resort to aid from other family members or the poor law guardians. The discovery of iron ore in Tow Law in lower Weardale provided employment from the 1850s but this declined two decades later. The lead industry faced several crises over the course of the nineteenth century with the price of lead falling to levels that reduced the labour force.[291] Following the introduction of the New Poor Law relief for mineworkers and their families in Weardale diminished with allowances only available to those unable to work. Consequently, many of the mineworkers and their families emigrated to other parts of the world and some to the nearby coal mining areas.[292] As the century progressed competition from across the world caused the price of lead to fall even further and by the end of the century few lead mines remained in operation.

Union Administrative Structures, Characteristics and Relief Officers

The commissioners and guardians established poor law policies and procedures at national and local level respectively and oversaw the establishment and operation of poor law unions. The New Poor Law Act provided the powers for guardians to appoint union officers to assist in the administration of poor relief with the approval of commissioners.[293] These included a union clerk, relieving officers, medical officers and a master and matron of the workhouse. Dunkley notes that paupers regarded the relieving officer as the most important officer.[294] The sick pauper most probably valued the

[289] Christopher John Hunt, 'The economic and social conditions of lead miners in the North Pennines in the eighteenth and nineteenth centuries' (unpublished PhD thesis, Durham University, 19680), Available at: <http://etheses.dur.ac.uk/9958/>, p. 5; Leo Gooch, 'The Implementation of the New Poor Law in the Lead-mining Districts of North East England, 1814-1844', *Journal of Durham County Local History Society,* 33, (1984), 7-23, p. 15.
[290] Children's Employment Commission, *Appendix to First Report of the Commissioners, Mines, Part II,* (London: HMSO, 1842), p. 752.
[291] Gooch, 'The Implementation of the New Poor Law in the Lead-mining Districts of North East England, pp. 12-14.
[292] Gooch, 'The Implementation of the New Poor Law in the Lead-mining Districts of North East England, pp. 15-16.
[293] *First Annual Report of the Poor Law Commissioners*, Appendix A, No. 6, p. 48.
[294] Dunkley, 'The new poor law and county Durham', p. 132.

medical officer. For administrative purposes, guardians divided unions into relieving districts with a relieving officer and medical officer assigned to each district. The larger unions, in population and size, usually had more districts than the smaller unions. For example, the urban Gateshead and rural Teesdale unions had four districts and the Easington union, a small mining community had only one. The diversity of these districts in size, population and socio-economic characteristics meant that the experiences of officers and paupers within each union also differed. This section examines and compares the pertinent characteristics of the unions and their districts, including the size, population changes, environmental challenges, relief expenditure and appointments, of the three unions, Sunderland, Chester-le-Street, and Weardale. The expenditure in particular provides a snapshot of the scale of pauperism within the unions and a rough measure of the generosity or otherwise of the union guardians. However, scale of operation and local custom derived from the Old Poor Laws can affect the expenditure. Nevertheless, the figures provide useful comparators with unions elsewhere.

Table 1.2: Union districts & relieving officer salaries

Union district	Area (acres)	1841 population	Relieving officer salary
Sunderland			
Bishopwearmouth	6113	26711	£100
Monkwearmouth	4821	12493	£90
Sunderland	195	17022	£100
Total	**11129**	**56226**	**£290**
			½d per person
Chester-le-Street			
Chester-le-Street	14252	8120	£60
Harraton	8002	3997	£60
Lamesley	12169	6240	£60
Total	**34423**	**18357**	**£180**
			1d per person
Weardale			
Stanhope	37697	3706	£50
St John's	35936	4382	£40
Wolsingham	24379	2086	£40
Total	**98012**	**10174**	**£130**
			1½d per person

Sources: *Census of England & Wales 1901 County of Durham* (London: HMSO, 1902), pp. 24 & 26-27, acreage*; Enumeration Abstract 1841* (London: HMSO, 1843), pp. 10, 81 & 84, population; TNA, MH12/3268, Sunderland, 1834-42, 16 December 1836; TNA, MH12/2968, Chester-le-Street, 1836-45, 15 December 1836; TNA, MH12/3333, Weardale, 1834-42, 30 January 1837, inaugural minutes for salaries.

The arrangement of poor relief districts and the salaries awarded to the relieving officers reflect the character of the Durham unions. The cost of delivering relief in the Sunderland union at ½d per head of population took into account the density of population, the number of poor and the ease of

reaching those in need of relief within each district. The 1d per head rate in the Chester-le-Street union reflects the dispersed layout of the compact mining settlements and the 1½d cost in the Weardale union suggests the guardians considered the long distances relieving officers had to travel to reach remote communities and farmsteads. Decisions on the grouping of parishes to form districts and the appointment of relieving officers formed part of the agenda of the guardians' first meeting. [295] To ensure these key decisions conformed to the expectations of the commissioners the assistant commissioner attended the inaugural meeting of all of the Durham unions. Walsham's guidelines followed the advice of commissioners that one relieving officer could attend about eight rural parishes with a population between five and six thousand inhabitants, or a town with population from ten to fifteen thousand inhabitants.[296] The average salary of relieving officers across England and Wales in 1843 amounted to just over £82 per annum, which is just slightly more than the average £77 per annum paid in these three Durham unions.[297] However, as we shall see in the next chapter the salaries of the three medical officers appointed to the three districts of the Durham unions did not compare as favourably.

Table 1.3: Expenditure per pauper per annum in Durham unions, 1841/42

Unions	Expenditure per pauper indoor relief £	Expenditure per pauper outdoor relief £	All Union Officers Salary per pauper £	Total expenditure per pauper £
Large urban	6.35	2.64	0.43	3.33
Mining	4.54	3.13	0.50	3.71
Rural	4.78	3.22	0.56	3.91
Total Durham Unions	**5.67**	**2.85**	**0.47**	**3.51**

Source: *Poor Law Amendment Act. Poor Relief* (House of Commons, 27 & 28 March 1843), p. 4.

In 1841 the Sunderland union spent more than any other union in Durham on indoor and outdoor relief and on officer salaries, at £1,827, £8,768 and £1,545 per annum, respectively.[298] Taking into account the number of poor maintained and the total expenditure of the unions the large urban unions spent less per head than the mining and rural unions (Table 1.3, column 5). This echoed the words of Walsham when he told those assembled at the Durham city meeting in 1836 that 'the larger the union the greater the savings'.[299] However, Stockton union, in the south of the county, proved incongruous. The union had the highest expenditure per head in all of the expenditure

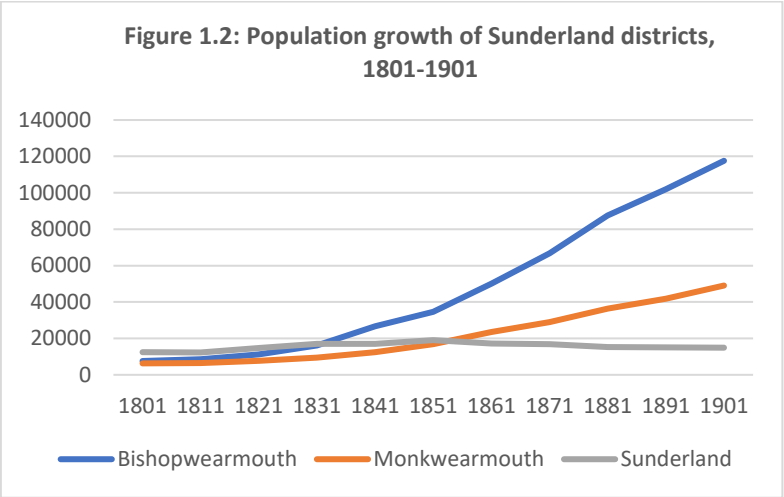
[295] *Third Annual Report of the Poor Law Commissioners,* Appendix A, pp. 47-55, the document provides instructions and agenda content for the first three meetings of guardians.
[296] *Third Annual Report of the Poor Law Commissioners,* Appendix A, p. 49.
[297] *Return of the Number of Officers employed in 591 Unions, with the Amount of Salaries for the Year 1844-5,* (House of Commons, 22 May 1849), p. 306.
[298] The officers' salaries included the clerk, relieving officer, master and matron of the workhouse, any additional workhouse staff such as porters and medical officers.
[299] *Durham County Advertiser,* 23 September 1836, p. 2, c.6.

categories of table 1.3 at £6.86, £4.04, £0.72 and £4.98, respectively. Stockton in the early years of New Poor Law operation would make an excellent choice as a separate local study.[300] Despite the apparent generosity of the Stockton union the county had the fourth lowest expenditure in England, at £3.51 per pauper, after Lancashire (£2.49), Cumberland (£3.17) and West Riding of Yorkshire (£2.49) per annum. County Durham also compared unfavourably with the national average at £4.23 per annum. These findings, in 1843, ranked in the same order as King's findings in 1831, when he singled out Lancashire as the lowest spending county per capita and the north and west regions lower than the south and east.[301] However, as we will see in the next section not all areas of expenditure in the Durham unions performed below the national average.

The large urban unions all spent more money on their indoor paupers than both the mining and rural unions of the county. This seems surprising given the anticipated savings from large scale operation, especially as the large unions in the north of the county housed the largest numbers of paupers in their workhouses. For example, the rural union of Teesdale spent only £4.70 per annum per pauper compared to Sunderland at £6.77 per annum per pauper against a national average of £5.46.[302] However, most Durham unions did not operate deterrent workhouses in the early decades of the New Poor Law. They housed mainly the aged and infirm rather than the unemployed able-bodied. Walsham recognized the 'peculiar circumstance' of the northern workhouses and urged the commissioners to allow 'modified indulgences' in the 'treatment of the old and the helpless'.[303] In the Chester-le-Street workhouse the older inmates were allowed to wear their own clothes until 1852, when inspector Hurst pursued action to have all inmates wear a workhouse uniform.[304] So the workhouse practices of the Old Poor Law prevailed in most Durham unions, at least in the early decades of the New Poor Law operation. This contrasted with Williams' finding that both the able-bodied men and the aged and infirm experienced cuts in poor relief in Bedfordshire between the Old and New Poor Laws.[305] It can be conjectured that the higher costs of the large Durham unions probably resulted from their ability to raise more relief revenues to provide a comfortable

[300] The Stockton union differed from other Durham unions in other ways. The union straddled the River Tees taking in a number of urban and rural parishes in both County Durham and North Yorkshire. Later in the century, following industrial expansion and population growth, both Hartlepool (25 March 1859) and Middlesbrough (25 June 1875) separated from Stockton to form distinct unions.
[301] Steven King, *Poverty and welfare in England 1700-1850,* pp. 84-85.
[302] *Poor Law Amendment Act. Poor Relief*, (House of Commons, 27 & 28 March 1843), pp. 2 & 4, calculated using number of paupers relieved and expenditure on relief.
[303] TNA, MH12/3313, Teesdale, 1834-39, 22 January 1837.
[304] TNA, MH12/2970, Chester-le-Street, 1852-55, 27 February 1852.
[305] Samantha Williams, *Poverty, Gender and Life-Cycle Under the English Poor Law 1760-1834* (Woodbridge: The Boydell Press, 2011), p. 68.

environment for the aged and infirm inmates compared to the levels of funding the rural and mining unions could raise.



Sources: 1831 population: *Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821 &* 1831, pp. 86, 89 & 91; 1841 population: *Enumeration Abstract 1841*, pp. 81, 84 & 87*; Census of England & Wales, 1901, County of Durham* (London: HMSO, 1902), p. 27.

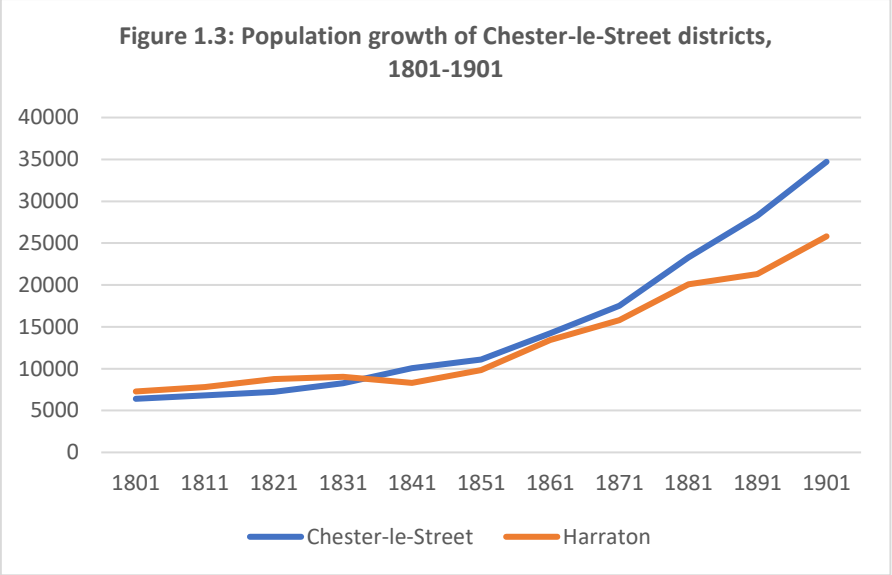
In the first instance, the Sunderland union established three districts arranged around the original parishes of Bishopwearmouth, Monkwearmouth and Sunderland. The Bishopwearmouth district incorporated the additional parishes of the union that lay on the south side of the river, including Ford, Ryhope, Tunstall and Panns. The Monkwearmouth district incorporated those on the north side, including Southwick, Fulwell and Hylton, and the single parish of Sunderland constituted the Sunderland district.[306] The Sunderland district, with only 195 acres suffered from overcrowding more than the other two districts. In addition, the level of pauperism in the Sunderland district put the ratepayers of that district under greater pressure in the early decades of operation. On this basis Wood claims that the division of the union into these three historic districts posed serious problems for the future and he singled out the Sunderland district as 'the most persistent source of pauperism for the remainder of the century'.[307] There is no doubt that this district had the most challenging issues, but the population increase, of the union as a whole, over the second half of the nineteenth century and the health performance of the union does not suggest that the structural organisation of the union disadvantaged the Sunderland district in the long term. The population of the Sunderland district declined across the century while the other two districts increased. The district also continued to function as a separate medical district with its own medical officer. Despite having the highest population density throughout the nineteenth century, by 1881 the district had a lower mortality rate than both the Bishopwearmouth and Monkwearmouth districts at 19.7, 26.0 and 20.5,

[306] TNA, MH12/3268, Sunderland, 1834-42, minutes of inaugural meeting of guardians, 15 December 1836.
[307] Wood, 'The activities of the Sunderland Poor Law Union 1834-1930', pp. 40-41.

respectively.[308] In 1841 Bishopwearmouth had a population density of 4.4 increasing to 14.3 per acre in 1881 and Monkwearmouth had a density of 2.6 in 1841 increasing to 7.5 per acre in 1881. Sunderland's density reduced but remained high at 87.3 in 1841 and 78.6 per acre in 1881. Given that the guardians, through the local board of health, oversaw the much-needed sanitary improvements in the Sunderland district, it seems safe to conclude that Wood underestimated the benefits gained by making the Sunderland parish a single district.

Overcrowding persisted in the Sunderland union's urban areas, especially in the Sunderland parish, as the space for housing competed with the development needs of industry and commerce and the middle-class families gradually moved to the more spacious suburbs of Bishopwearmouth. Friswell found that several working-class families, especially migrant families, tenanted the vacated houses, and that the limited space led to overcrowded homes with shared rooms and beds, in some cases with several people sharing one bed.[309] Consequently, infections spread rapidly from person to person and house to house. Because of underdeveloped transport systems working-class families needed to live close to their place of work. This meant few options existed to relieve overcrowding, and the sanitary conditions of the urban areas grew increasingly worse. Overcrowding persisted in the other large urban unions of the county, especially those in the northern part of the county such as Gateshead and South Shields, due to increased populations arising from expanding industries associated with port activities, iron and steel industries, coal mining and ship building. Population expansion was not limited to the large urban unions. Technological developments led to an increasing number of coal mines opening across the county which in turn led to population growth and an increasing number of discreet urban communities situated around the mine heads. These coal mining communities suffered overcrowding with poor sanitary conditions.[310] So, despite the aspirations of the central authorities for the New Poor Law administrative system, the local socio-economic changes proved equally challenging for the guardians of Durham's expanding urban areas.

[308] *Forty-Fourth Annual Report of the Registrar General oof Births, Deaths and Marriages in England* (London: HMSO, 1883), p. 83.
[309] Caroline A. Friswell, 'Did king dirt and bumbledom defeat the objects of the public health act, 1848? A case study of the political, social and cultural attitudes to public health reform in Newcastle-upon-Tyne, Gateshead and Sunderland, 1835-1858' (unpublished doctoral thesis: Durham University, 1998), pp. 41-42.
[310] *Report on the Cholera Epidemic in England,* (London: HMSO, 1868), p. xlix.



Sources: 1831 population: *Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821 & 1831,* pp. 86, 88 & 91; 1841 population: *Enumeration Abstract 1841*, pp. 81, 84 & 85*; Census of England & Wales, 1901, County of Durham*, pp.26 & 27.

The guardians of the Chester-le-Street mining union had to contend with continuously expanding mining settlements and in the first instance they chose to divide the union into three districts, Chester-le-Street, Harraton and Lamesley, (Table 1.2). However, due to difficulties obtaining medical officers and the opportunity to save money they reduced the districts to two, Chester-le-Street and Harraton, in 1841. Each district had similar populations and acreage, Chester-le-Street district covered 17,181 acres with a 10,057 population and Harraton covered 17,242 acres with an 8,300 population. Increased coal mining across the union led to further population growth and parishes such as Witton Gilbert, Ouston, Waldridge and Barmston, all expanded more than 1,000%. While most of the working classes lived in tenements in the county's large towns, in the mining communities they lived in houses provided by the coal owners. The coal-owners built colliery settlements close to the pit head, either as a new neighbourhood or attached to an existing village. For example, in the Chester-le-Street union, the parish and village of Pelton had rows of colliery houses attached. Designated numbers often identified the streets with an additional number to identify the house, such as 7 First Street or 15 Second Row. This seems to suggest that the colliery owners wanted the inhabitants to know that they had temporary status rather than holding tenure as an integrated part of the permanent community. This would act as an appropriate reminder that the miner's family only had tenure for the duration of the bond and beyond only if the miner proved his worth. The threat of the candyman loomed over the family and their home if the miner did not secure a renewed bond.[311] As well as contending with an expanding population, the mining unions

[311] The candyman was the equivalent of the coal-owner's bailiff. They were usually commissioned on a needs basis from the nearby large towns.

also had to contend with a moving population and their changed settlement status, which brought difficulties for the relieving and medical officers, as well as the sick poor.

The coal owners, anxious to limit their capital expenditure, spent as little as possible on building new houses for the increasing numbers of mining families and those who could not secure a house, sought lodgings in existing miners' houses which exacerbated overcrowding.[312] Walsham, however, described the miners' accommodation as more spacious than those 'on the estates of the greatest proprietors in rural areas' with two rooms rather than one.[313] Nevertheless, the sanitary facilities and surrounding area of the miners' homes formed a continuous health hazard. Mr Trotter, the clerk of the Auckland union, reported that the coal owners spent as little as possible on the colliery houses and that although they appeared 'substantial' inside, the outside was deficient, with ineffective drainage. Privies served several houses with inadequate disposal and the surrounding area developed into 'an amalgamation of filth and dirt … very injurious to the health of the inhabitants'.[314] Of the mining families in the Chester-le-Street union, Mr Coulthard, a relieving officer, reported that they had 'neat and well furnished' houses and on Sundays the families were dressed well. However, of the ironworkers in the union he comments less favourably. He described them as 'tramps' who show less commitment to the comfort of their homes than those who depend on the locality.[315] Mr Archbold, the clerk of the Houghton-le-Spring union, reported that the colliery houses situated on sloping ground made it easy for 'a shower of rain' to clear the filth away. However, those situated on flat ground, had filth that accumulated creating a serious nuisance.[316] Despite the apparently clean interior of the houses, with large families, overcrowding prevailed and threatened the health of the occupants. Local Boards of Health in the county introduced various sanitary improvements, from time to time, in the several mining unions. However, the coal owners failed to improve the sanitary conditions of the miners' houses and surrounds, which created a range of persistent health problems throughout the nineteenth century.

In addition to health problems, working families faced other threats. The settlement system presented problems for most of Durham's unions. The system that derived from the 1662 Act of Settlement had outlived its usefulness long before the 1834 Poor Law Act, but despite several modifications to legislation, settlement regulations continued throughout the nineteenth century.

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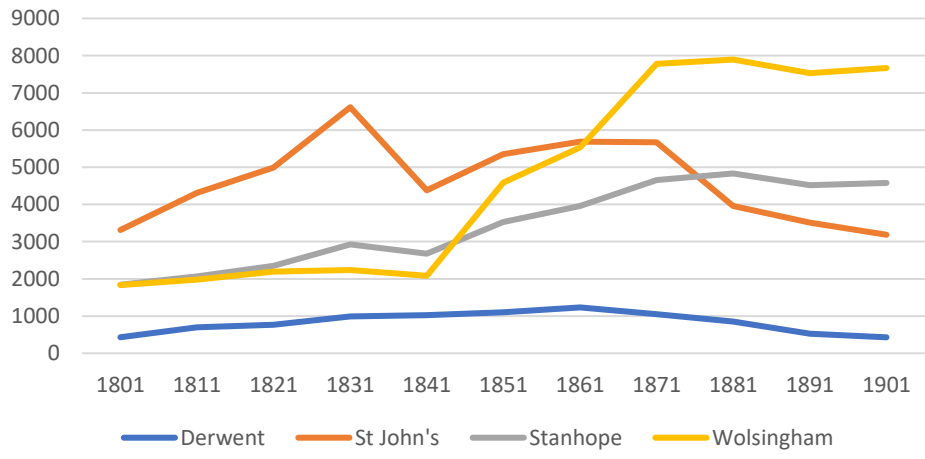
[312] *Sanitary Inquiry: Local Reports on the Sanitary Condition of the Labouring Population of England* (London: HMSO, 1842), p. 420.
[313] *Sanitary Inquiry,* p. 415.
[314] *Sanitary Inquiry,* pp. 420-421.
[315] *Sanitary Inquiry,* p. 421.
[316] *Sanitary Inquiry,* pp. 421-422.

Increased population movement caused problems for unions to relieve paupers who did not have settlement rights within the union. In an expanding county such as Durham, guardians had increasing numbers of the population, who derived entitlement to poor relief from parishes elsewhere. Periods of depression exacerbated the problem. Removal to the parish of settlement did not suit those affected. Removal proved expensive for guardians, disruptive for the pauper and inconvenient for industrialists who wanted to retain their workforce locally in readiness for upturns in the economic cycle. Unions consequently paid non-resident relief and sought reimbursement from the union of settlement. Most unions of settlement agreed to pay since it saved them the more expensive option of having the pauper and his family returned to a community in which they often no longer had any meaningful links or relationships. However, as Shave found, the settled parish of some paupers could reject claims of settlement, especially at times of economic hardship.[317] This meant that those without settled status, who claimed relief, probably had the greatest risk of rejection. The Durham unions seem to have increasingly resolved to pay non-resident relief rather than pursue removals because expenditure on removals fell from £5,245 in 1834 to £1215 in 1840.[318] However, Ashforth found evidence in Bradford union to show that 'the fear of removal deterred many poor people from applying for relief'.[319] Further research may reveal the extent to which any of Durham's non-resident poor failed to apply for relief and whether this impacted on the savings across the county between 1834 and 1840.

Figure 1.4: Weardale: medical districts share of union population, 1801-1901



Sources: 1831 population: *Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821 & 1831,* pp. 87 & 91; 1841 population: *Enumeration Abstract 1841,* pp. 81 & 84*; Census of England & Wales, 1901, County of Durham*, p. 24.

[317] Shave, *Pauper Policies,* p. 127.
[318] *Seventh Annual Report of the Poor Law Commissioners* (London: HMSO, 1841), Appendix F, p. 317.
[319] Ashforth, 'The Poor Law in Bradford c. 1834-1871', p. 567.

The two rural unions of County Durham, Teesdale and Weardale, had to contend with different issues to the other Durham unions when determining the boundaries of their districts. They had low population levels compared to the other unions in the county and they had large acres of land to cover, much of it difficult terrain. Consequently, the guardians needed to consider the distance to travel and the accessibility to the small remote communities, when they determined the district boundaries. The guardians established three districts in the first instance (Table 1.2). Each of these districts were more than double the size of the Sunderland union with travel for the various officers of the Weardale union a costly business, necessitating the ownership and upkeep of a horse. For the poor, the securing of timely services could mean the difference between life and death. The communication difficulties and lengthy travelling times in these extensive districts led to a series of medical scandals which required changes to the districts. In 1847 the guardians needed to create a fourth district, Derwent covering 15,260 acres, with a reduction in the size of the Stanhope district to 22,830 acres.[320] Again, in 1855 the guardians had to create a fifth district, with the Wolsingham district divided into two districts. Other rural unions in England also needed to increase the number of districts. For example, Shave found that the Dulverton guardians divided their union into two districts in 1841, but the following year redivided it into three districts. Like Weardale the districts had small populations but large areas.[321] The next chapter considers the causes and consequences of the Weardale medical districts in greater detail. The Weardale guardians were certainly optimistic in their initial choice of three districts for this widespread union, despite their local knowledge of the area.

Conclusions

The chapter has revealed the importance of the role of the assistant commissioner and the extent to which he could facilitate or hinder relationships between the guardians and central authorities. The chapter has shown the tactics Walsham adopted to cultivate a wide spectrum of local support, including his ability to manage people, his communication skills, political awareness and diplomatic style, which won favour with local elites and facilitated the rapid formation of the county unions quickly and without major objection. These findings support Driver's conclusion that the commissioners depended on the diplomatic skills of the assistant commissioners and that they regarded them as their 'eyes, hands and voice'.[322] However, this study has also accessed surviving correspondence between the commissioners and Walsham and has exposed how Walsham used

[320] TNA, MH12/3334, Weardale 1843-1848, correspondence between union and commissioners, 22 May 1847 & 17 March 1848, Stanhope district included the union workhouse.
[321] Shave, *Pauper Policies,* p. 215.
[322] Driver, *Power and pauperism,* p, 34.

subterfuge to achieve his ends, his willingness to inhibit transparency when necessary and how he chose his words to suit his audience. So, this study adds to the historiography by providing a more circumspect view of Walsham with exposure of the range of tactics he used and his lack of understanding of the working classes, especially those in the lead mining communities of the county. Nevertheless, Walsham's role as intermediary between the guardians and the commissioners facilitated the continuation of many valued features of the Old Poor Law, such as the relief of the old and infirm.

The chapter has shown how the governance of the New Poor Law unions continued to reside with the local elites across County Durham. However, in practice those local elites did not include the landed magnates. Although Walsham may have contacted them as a matter of courtesy prior to taking any action in the county, they had no known involvement with the poor law implementation processes or subsequent operation and made no contribution to the poor law policies, or the welfare of the poor. While they had the power to engage in the New Poor Law the landed magnates of County Durham chose not to influence the direction or operation of the county's unions. The *ex-officio* county magistrates who chaired the Durham boards of guardians were relatively small land holders rather than landed magnates with interests in the local economy including banking, shipping, mining and other commercial activities. This study confirms that the *ex-officio* guardians of the Durham unions continued to play a role in poor law matters and ensured a smooth transition from the Old to the New Poor Law.

The chapter has also shown that the composition of the boards of guardians reflected the economic interests of each of the county's unions. However, the guardians were owners of the businesses rather than the workers. The *ex-officio* guardians took an active role in all of the Durham unions leading on relief policy and procedures. The chapter has also shown, that in common with Crowther, cliques dominated the decision making on the boards of guardians, especially those guardians with political, religious, and familial connection.[323] Guardians unable to maintain a regular attendance facilitated the dominance of cliques. Farmers in particular had difficulties attending regularly due to work commitments, the weather and the seasons. The chapter singled out the Weardale guardians as substantially different from the other Durham unions, with an Anglican minister as chairman, who advocated deterrent policies in this predominantly Wesleyan district with limited employment prospects.

[323] Crowther, *The Workhouse System,* p. 75.

The chapter has shown how the three different types of union in County Durham formed a standard union structure with three districts, three relieving officers, and three medical officers, despite the disparate size and population of the unions. Given that the assistant commissioner attended each of the inaugural guardian meetings he probably played a significant role directing these decisions. However, the varying nature of the districts, including distance, overcrowding, and poor sanitation all created health issues and problems for medical care necessitating structural changes to the districts and its officers. As we shall see in the next chapter unions had to make changes to suit local circumstance and although the central authorities recognized the need for change, they nevertheless established limits within which guardians could operate.

CHAPTER TWO

Health Care Providers: Doctors and Nurses

This chapter argues that medical relief in the County Durham unions improved over the course of the second half of the nineteenth century. Despite the obvious link between sickness and poverty, the 1834 commissioners' report made only passing remarks on medical provision. When the Act was passed it allowed relief in the form of medicine, it empowered magistrates to give an order for medical relief to any parishioner and it allowed guardians to appoint a 'medical man' who was 'duly licensed to practise'.[324] Historians tend to take either an optimistic or pessimistic view of the medical services that developed under the New Poor Law in different parts of the country. For example, Flinn considers that the development and rapid growth of medical relief was a surprising achievement.[325] By contrast Lane argues that the well-established medical service of the Old Poor Law declined with the coming of the New Poor Law.[326] Price concurs with this view and maintains that guardians withdrew a range of expensive medical treatments provided under the Old Poor Law.[327] This chapter supports Flinn's view and makes a valuable contribution to the historiography of poor law medical provision by demonstrating the increased range of medical services in the Durham unions following the introduction of the New Poor Law.

The chapter questions the comments, made by the New Poor Law central authorities, that virtually no provision for medical services existed under the Old Poor Law in County Durham. The central authorities and their local contacts did not necessarily have access to the level of detail available to overseers and other poor law officers. The comments made by the central authorities have led some historians, such as Hodgkinson and Dunkley, to report limited medical provision for the poor in the north, prior to the introduction of the New Poor Law.[328] Butler however concludes that medical

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[324] *Poor Law Amendment Act,* pp. 30, 32, 58 & 23.

[325] M. W. Flinn, 'Medical Services under the New Poor Law' in Derek Fraser, Ed., *The New Poor Law in the Nineteenth Century* (London: The Macmillan Press Ltd, 1976), p. 48.

[326] Joan Lane, *A Social History of Medicine, Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 54.

[327] Kim Price, *Medical Negligence in Victorian Britain, The Crisis of Care under the English Poor Law, c. 1834-1900* (London; Bloomsbury Academic, 2015), p. 11.

[328] For example, Ruth Hodgkinson, 'Poor Law Medical Officers of England, 1834-71', *Journal of the History of Medicine and Allied Sciences,* 11 (July 1956), 299-338, p. 299, she writes that the poor of the north 'who were more independent [than the south] turned to unqualified quacks and so received little but 'black beer' and gin or Morrison's pills.'; Peter James Dunkley, 'The new poor law and county Durham', Durham E-Theses, (1971), Durham University, <http://etheses.dur.ac.uk/10095>, p. 186, he describes Old Poor Law medical provision in County Durham as haphazard and incomplete; *Report of the Select Committee on Medical Poor Relief* (House of Commons, 1844), p. 1, comments of Commissioner George Cornewall Lewis; The National Archives (TNA), MH12/3313, Teesdale, 1834-1839, 28 Jan 1837, comments of assistant commissioner, John Walsham.

services in Newcastle, which also served Gateshead, formed an important aspect of Old Poor Law relief.[329] This study will support Butler's view by analysing the comments made by local medical practitioners on traditional medical practices which indicate a range of medical relief operated across the county. This underestimation of medical provision under the Old Poor Laws could lead historians to overestimate the gains made under the New Poor Law.

The chapter examines the impact of the General Medical Order of 1842 on the urban, mining and rural unions of the county to determine the extent to which the standardized procedures improved the operation of medical services for the poor in these diverse unions. The research also makes comparison with other parts of the country to determine similarities and differences in the operation of medical provision, especially in urban and rural settings. Expanding on these similarities and differences the chapter compares the medical officers' salaries in Sunderland, Chester-le-Street and Weardale comparing them with their conditions of work in order to identify the reasons for any differences. This provides an unparalleled view of the worth accorded by guardians in County Durham to medical officers in three contrasting unions, a large urban union, a rural union and a mining union. The chapter compares the findings with those of four carefully selected counties in the South and Midlands of England in order to identify possible reasons for any differences and similarities. Additionally, the research compares these findings with local studies in other regions of the country providing a broad perspective on the importance and value guardians of the different regions accorded to their medical officers. The chapter therefore makes a valuable contribution to the historiography of poor law medical provision by exposing the extent to which regional or socio-economic differences influenced medical developments and provision.

The chapter also analyses the changes in nursing in the Sunderland, Weardale and Teesdale unions to identify the challenges to secure a trained nursing provision for the developing medical services. In the early years of poor law operation unpaid paupers formed the largest body of nurses but as the century progressed demand for paid trained nurses increased.[330] Comparison between the rural and urban unions, to secure a nursing provision, provides an important contribution to the historiography of poor law nursing and the wider nursing scene. The chapter disputes Crowther's claim that nurse 'training in the [workhouse] infirmaries was not as thorough as in the voluntary hospitals'.[331] This

[329] Graham A. Butler, 'Disease, Medicine and the Urban Poor in Newcastle-upon-Tyne, c. 1750-1850' (unpublished doctoral thesis, Newcastle University, 2012), p. 267, see also Chapter 5, pp. 217-267.
[330] M. A. Crowther, *The Workhouse System 1834-1929, The History of an English Social Institution* (London: Methuen, 1981), p. 165.
[331] Crowther, *The Workhouse System 1834-1929,* p. 177.

research makes a significant contribution to the historiography of nursing by demonstrating that the Sunderland union developed well respected professional training programmes for nurses which increased the number of trained nurses and facilitated the development of the nursing profession. This will add support to White's claim that 'the poor law nurses were Britain's first national nursing service'.[332]

Medical Relief Districts

It is important to understand how guardians organised the medical relief services across their unions. The central authorities required guardians to establish relief districts and to appoint a relieving officer for each of these districts. Despite the connection between poverty and sickness the 1834 Poor Law Act made no explicit requirement for medical relief. Nevertheless, the commissioners advised the guardians to appoint medical officers. Several unions across County Durham resisted the appointment of medical practitioners in the first instance, largely on the grounds of existing arrangements. The large unions, such as Sunderland and Stockton, operated dispensaries that provided medicines for the poor of several parishes and in rural areas such as Teesdale, practitioners provided treatment for the poor in the hope of receiving payment.[333] As a long-standing port community, Sunderland had a range of medical provision for the poor that operated throughout the early decades of the nineteenth century including the Sunderland and Bishopwearmouth Indigent Sick Society, Lying in Charity and the Benevolent Society for widows and orphans.[334] Other unions such as Easington and Durham made alternate proposals to the assistant commissioner in line with their customary practices of providing medical assistance for the poor.[335] Despite their protestations unions had to conform to the requirements of the New Poor Law.

The Sunderland, Chester-le-Street and Weardale unions proceeded to appoint medical officers to districts coterminous with the unions' relief districts. The Poor Law Commissioners reported that most unions across the country adopted this practice in the first instance.[336] Hodgkinson argues that the medical districts were too large and inconvenient, citing Banbury union, which consisted of fifty-

[332] Rosemary White, *Social Change and The Development of the Nursing Profession, A Study of the Poor Law Nursing Service 1848-1948* (London: Henry Kimpton Publishers, 1978), p. 3.
[333] Peter Alfred Wood, 'The activities of the Sunderland Poor Law Union 1834-1930' (unpublished M. Litt. thesis, University of Newcastle upon Tyne, 1975), p. 24; Dunkley, 'The new poor law and county Durham', p. 186-7.
[334] Wood, 'The activities of the Sunderland Poor Law Union 1834-1930', p. 24.
[335] *Guardians' minutes, 27 Jan 1837-10 Aug 1847*, Durham County Record Office (DRO), U/Ea 1, 16 May 1837; *Guardians' minutes, 12 Jan 1837-28 Dec 1844*, DRO, U/Du 1, 8 April 1837.
[336] *Third Annual Report of the Poor Law Commissioners* (House of Commons, 17 July 1837), Appendix A, p. 50.

one parishes. Under the Old Poor Law fourteen or fifteen practitioners served these parishes, whereas in 1836 only three medical officers served the whole union.[337] Although the Weardale districts served fewer parishes than Banbury, the size of the districts served by three medical officers created difficulties of attendance to the outlying sick poor. Nevertheless, there was some sense in making medical districts coterminous with relief districts because those seeking medical relief needed to obtain an order from the relieving officer. As both the medical and relieving officers were normally resident within the district, both were usually known by the local population. Despite this, medical officers and relieving officers had very different pressures, and most Durham unions eventually increased the number of their medical districts to better meet demand. However, in addition to the increased number of districts, the method of appointment of medical officers also created difficulties.

Tender Process Appointing Medical Officers

Most of the Durham unions adopted a tender process for the appointment of medical officers in the first year of operation.[338] This was in accordance with the advice of the Poor Law Commissioners that guardians should tender for 'medical attendance and medicines' for each of their districts.[339] The lowest salary normally secured the position. Rothery found that several unions in Hertfordshire tendered for the appointment of medical officers, and although the advertisements stated that the guardians were not bound to accept the lowest bid, in practice they did.[340] These findings, in both the Durham and Hertfordshire unions, support Digby's claim that 'cost rather than adequate qualifications' was more important to cost-conscious guardians.[341] Several of the Durham unions found the tender process unsatisfactory and adopted alternative methods of appointment between 1838, after one year of operation, and 1842 when the central authorities prohibited tendering for medical officers. Both the Sunderland and South Shields unions established a fixed salary for their

[337] Ruth G. Hodgkinson, *The Origins of the National Health Service* (London: The Wellcome Historical Medical Library, 1067), p. 107.
[338] The following are sample advertisements for medical officers in the Durham unions. *Durham County Advertiser*, 24 March 1837, p. 3, col. 4, for Durham; *Durham Chronicle,* 3 March 1837, p. 3, col 3, for Chester-le-Street; *Durham Chronicle,* 24 March 1837, p. 3, col. 4, for Houghton-le-Spring; *Newcastle Journal,* 25 February 1837, p. 2, col. 2, for Gateshead; *Newcastle Courant,* 31 March 1837, p. 2, col. 5, for Lanchester; *Newcastle Courant,* 10 March 1837, p. 1, col. 4, for South Shields; *Durham Chronicle,* 16 March 1838, p. 1, col. 5, for Weardale; *Durham County Advertiser,* 30 March 1838, p. 1, col. 3, for Darlington.
[339] *Second Annual Report of the Poor Law Commissioners* (House of Commons, 1836), p. 19.
[340] Karen Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire, c.1834-1847' (unpublished doctoral thesis, University of Hertfordshire, 2016), p. 213.
[341] Anne Digby, *Making a Medical Living: Doctors and Patient in the English Market for Medicine, 1720-1911* (Cambridge: 1994), p. 224.

medical officers.[342] Unions across the country also rejected the tender process. Robert Weale, the assistant commissioner for Gloucestershire, Worcestershire and Somerset, reported that most unions in his region expressed dissatisfaction with the tender process for the appointment of medical officers and recommended fixed salaries before appointment, according to the gross population and nature of the union and district.[343] Nevertheless, some Durham unions continued to tender annually for medical officers, most notably the Chester-le-Street union. The commissioners reported that one of the reasons why the northern guardians used the system of tender in the first instance, was because there was 'no existing data upon which the salaries of medical officers could be estimated'.[344] However, the two main factors that mitigated against a tender process included the willingness or otherwise of medical practitioners to partake in a tender process and the number of 'duly licensed' medical men in each union. On the first point it was difficult to attract physicians, because of their standing in the community and their high fees. Physicians were widely considered to be professional men because they required a university education in order to practise. Surgeons and apothecaries, however, underwent apprenticeships, a practice associated with trade rather than the professions. Physicians also usually held leading positions in the voluntary hospitals and had extensive practices. They were expensive and established their own fees for medical attention. Consequently, they were unlikely to respond to a tendering process, unless they were public-spirited and prepared to forego their usual fees. Most of the Durham unions did not attract physicians.

[342] TNA, MH12/3268, Sunderland, 1834-42, 13 February 1841; TNA, MH12/3201, South Shields, 1834-41, 27 March 1841. In 1841 the commissioners requested to know if unions set a fixed salary. The South Shields clerk's response 'they have continued to remunerate their medical officers by a fixed salary' suggests they abandoned the tender process in earlier years.
[343] *Second Annual Report of the Poor Law Commissioners,* p. 331.
[344] *Report from the Select Committee on Medical Poor Relief* (1844), p. 9.

Table 2.1: Medical services in Durham unions, 1828 & 1855.

	Chemists		Surgeons		Physicians		Total Services		Population	
Union	**1828**	**1855**	**1828**	**1855**	**1828**	**1855**	**1828**	**1855**	**1831**	**1851**
Auckland	4	13	5	12			**9**	**25**	12796	30083
Chester-le-Street	2	7	5	8			**7**	**15**	17434	20907
Darlington	6	16	8	10	3	1	**17**	**27**	18777	21618
Durham	7	11	9	17	5	3	**21**	**30**	14172	35818
Easington		4	1	8			**1**	**12**	4121	21795
Gateshead	4	9	6	23		4	**10**	**36**	31017	48081
Houghton-le-Spring	5	3	10	9			**15**	**12**	19568	20951
Lanchester		2	2	4			**2**	**6**	7294	20133
Sedgefield	1	1	4	2			**5**	**3**	5595	8481
South Shields	10	16	11	17	2	1	**23**	**34**	24427	43896
Stockton on Tees	6	18	12	21	3	3	**21**	**39**	18783	31752
Sunderland	17	35	23	41	9	5	**49**	**81**	42664	70576
Teesdale	13	13	13	12	1	1	**27**	**26**	19841	19813
Weardale	1	6	6	8			**7**	**14**	12775	14567
County Durham	**76**	**154**	**115**	**192**	**23**	**15**	**214**	**360**	**251065**	**408471**

Sources: *Pigot and Co's National Commercial Directory, 1828-9: for Cumberland, Durham, Northumberland, Westmorland and Yorkshire* (Manchester: J. Pigot, 1829), pp. 149-206 & pp. 598-612; *Slater's Royal National Commercial Directory: Durham, Northumberland and Yorkshire* (Manchester & London: Slater, 1855), pp. 1-120; *Population Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821 and 1831,* (London: House of Commons, 19 October 1831), pp. 85-91 & parishes of Stockton & Teesdale unions in Yorkshire, North Riding, pp. 303-315; *1861 Population Tables*, Vol. 1, (London: HMSO, 1862), p. 658.

The diverse unions of the county had access to a different range of medical men. The Sunderland union had no shortage of medical practitioners. Of the 214 medical practitioners in 1828 the town had 9 of the county's 23 physicians (Table 2.1).[345] In 1837, when the guardians first made medical appointments, Sunderland was already well served by a wide range of medical men. In 1855, in addition to medical practitioners, the expanding town also had an infirmary, eye hospital and a dispensary.[346] With so many practitioners a tender process would seem an obvious choice. However, as noted earlier, a tendering process did not appeal to the better qualified practitioners. Consequently, Sunderland quickly abandoned the tendering system. Guardians in Durham's rural unions faced different challenges to appoint medical practitioners. Although Teesdale had a resident physician, he was unlikely to consider a poor law position because he served the land-owning gentry living in the area. Weardale by contrast was largely owned by the bishop of Durham, but without any residency within the valley. The population of the valley consisted mainly of the working classes. Consequently, Weardale had little demand for expensive medical provision. In the early decades of the New Poor Law Weardale's economy marginally improved and the population expanded, albeit at

[345] *Pigot and Co's National Commercial Directory, 1828-9: for Cumberland, Durham, Northumberland, Westmorland and Yorkshire* (Manchester: J. Pigot, 1829), pp. 149-206 & pp. 598-612.
[346] *Slater's Royal National Commercial Directory: Durham, Northumberland and Yorkshire* (Manchester & London: Slater, 1855), pp. 87-109.

a slower rate than other parts of the county (Table 2.1). This growth was short-lived and insufficient to sustain several medical practitioners. Despite the difficulties of rural unions to attract medical practitioners the Weardale guardians advertised for three medical men in both the *Durham Chronicle* and the *Newcastle Courant* which together had wide coverage across the North-East region.[347] This seems to suggest that the guardians hoped to attract medical practitioners to move to the Weardale area. As indicated earlier this was an unlikely prospect. The wishful thinking suggests that the guardians lacked knowledge of the difficulties to sustain a medical practice in their rural districts without disrupting existing practices. Alternatively, the guardians may have considered the cost to ratepayers of advertising in two regional newspapers worthwhile in order to demonstrate, to the central authorities, the efforts they had made to secure medical officers. In the event all three of Weardale's appointed medical officers were local men. Both the large and rural unions of Durham do not appear to have benefitted from the tender process of appointment. Conditions for the appointment of medical officers proved very different in the expanding mining unions of the county.

Guardians in Durham's mining unions generally welcomed the tender process. The Chester-le-Street union, like other small sized unions, had a working population that served as a healthy client base to attract a number of medical practitioners, especially young newly qualified medical men, seeking to build up a practice in an expanding community (Table 2.1). The increasing number of medical practitioners created a competitive climate that made competitive tendering an attractive option for guardians and allowed them to obtain low-cost medical care. However, the tender process had a number of disadvantages. Hodgkinson claims the appointment of medical men from outside the area could lead to disruption of the private practices of the existing practitioners.[348] Although as Price notes, this also operated in reverse. He argues that established local practitioners often submitted a low salary bid to subvert external submissions in order to safeguard their existing private practice.[349] This was not a major problem in the mining unions of Durham because of the continued expansion of the mining population. The practitioners who applied were in their mid to late twenties and early thirties, eager to build up both their reputation and a sound client base.[350]

The medical costs of the Chester-le-Street union varied year on year between £50 and £65 over the period 1837-42 as a result of using a tender process for the appointment of medical practitioners.

[347] *Durham Chronicle,* 16 March 1838, p. 1, col. 5; *Newcastle Courant,* 16 March 1838, p. 4, col. 7.
[348] Hodgkinson, *The Origins of the National Health Service,* p. 77.
[349] Price, *Medical Negligence in Victorian Britain,* p. 35.
[350] TNA, MH12/2968, Chester-le-Street, 1836-45, 18 September 1840, Ralph Linton age 30 years appointed; 7 April 1842, William Morrison and Robert Spencer Shield both aged 30 years reappointed.

This was one of the lowest medical costs in the country, a fact reported by Walsham to the Select Committee on Medical Poor Relief.[351] Consequently, the Chester-le-Street guardians were reluctant to move to a fixed salary. Rothery found that the St Albans union also resisted moving to a fixed salary because they found that the tendering system was 'effective and [had] given satisfactory results.[352] However, the Hertfordshire unions paid significantly higher salaries. St Albans union paid between £175 and £217 over the period 1835 to 1840 and Watford union paid between £210 and £290 from 1836 to 1838.[353] Despite the apparent success of the tender process to obtain medical services in the expanding mining unions of Durham and in those of Hertfordshire, the process increasingly lost favour with the central authorities following a number of medical complaints.[354] Medical associations made strong objections to the process and contrasted the competitive method of selection with the post of clerk which had the salary level determined by guardians before appointment.[355] The commissioners reviewed their advice on tendering for medical officer appointments in 1840 following widespread complaints of inattention to sick paupers and most Durham unions followed this advice.[356] Nevertheless, the Chester-le-Street guardians continued to pursue a tendering process for the annual appointment of medical officers beyond 1841.[357]

When the medical officer for the Lamesley district of the Chester-le-Street union, Robert Davis, resigned in 1842, Walsham took the opportunity to advise the guardians to abandon the tendering system and to agree salary levels for all of their medical officers. The guardians took Walsham's advice to set the salaries at £20 per annum for each of the three districts.[358] However, no medical practitioner resided in the Lamesley district, so the guardians appointed William Morrison as medical officer for both the Harraton and Lamesley districts on the grounds that he lived well located to serve both districts. Walsham successfully counselled the commissioners to approve the arrangements on three grounds. First, on account of the 'very low … remuneration connected with the north … as compared with the South and Midland districts'. Second, he had succeeded in persuading the guardians to give up the tender system in favour of a fixed salary, and third, he had convinced the guardians to raise the medical remuneration by ten per cent over the average of the past five years.

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[351] *Report from the Select Committee on Medical Poor Relief,* p. 9.
[352] Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire, c.1834-1847', p. 221.
[353] Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire, c.1834-1847', pp. 220-221.
[354] *Seventh Annual Report of the Poor Law Commissioners* (London: HMSO, 1841), pp. 4-5.
[355] 'Poor Law Medical Officers', *The British Medical Journal*, 1, 2614, 4th February 1911, p. 267.
[356] *Seventh Annual Report of the Poor Law Commissioners,* pp. 4-5.
[357] *Durham Chronicle,* 27 February 1841, p. 1, col. 4, advertisement by tender for medical practitioners.
[358] TNA, MH12/2968, Chester-le-Street, 1836-45, 24 March 1842, letter from Sir John Walsham to Poor Law Commissioners.

Finally, Walsham advised that 'it would be impolitic' to refuse approval at this time, as new regulations would come into force before the next renewal of medical appointments.[359] The commissioners took Walsham's advice and approved the new arrangements. Although Walsham was successful in steering the Chester-le-Street guardians away from the tendering process, it came at the expense of those in the Lamesley medical district. The district was dependent on the services of a medical officer who resided over five miles away. The sanitary committee of the district later complained that the medical officer was unable to 'give proper attendance' in times of ordinary need and that the district was poorly served in both the 1849 and 1853 cholera outbreaks.[360] However, that was a separate issue that required a separate resolution. Walsham had astutely achieved his main aim of moving the Chester-le-Street guardians from a tender process to a fixed salary for medical officers. It would appear from Walsham's advice to the commissioners that the central authorities did not want to impose their will on local decision makers, preferring to use persuasion for small gains. However, the central authorities had the power to issue orders as they decreed fit and they knew that the 1842 medical order would secure their objective of outlawing the tender system, among other processes that they wanted standardized across the country.

Perhaps a more compelling situation arose in the Chester-le-Street union that convinced the guardians of the dangers of competitive tendering for medical officers. Surveying the situation nationally, the eminent physician, Thomas Hodgkin, warned in 1836, that the tender process created jealousy and ill-will among practitioners.[361] These competitive behaviours emerged in the Chester-le-Street union with 'malicious and audacious' accusations against the recently appointed medical officer of the Lamesley district, Mr Morrison, in February 1842, in a forged letter to poor law commissioners.[362] Investigations by guardians led them to believe the forged letter came from Mr Linton, the medical officer of the Chester-le-Street district, who had previously held the post in Morrison's Lamesley district.[363] The guardians did not ascertain any proof of guilt but they did not reappoint Linton as medical officer for the Chester-le-Street district the following year.[364] The case brought sufficient concern to draw high levels of guardian attendance at union meetings.[365] This

[359] TNA, MH12/2968, Chester-le-Street, 1836-45, 24 March 1842, the new regulations referred to by Walsham was the 1842 General Medical Order.
[360] TNA, MH13/77, Gateshead 1845-71, 22 September 1853.
[361] Thomas Hodgkin, *On the mode of selecting and remunerating medical men for professional attendance on the poor of a Parish or District,* read before the Hunterian Society, (Lindfield, 1836), p. 5.
[362] TNA, MH12/2968, Chester-le-Street, 1836-45, 10 February 1842.
[363] TNA, MH12/2968, Chester-le-Street, 1836-45, 17 February 1842, 3 March 1842, & 17 March 1842, Guardians minutes.
[364] TNA, MH12/2968, Chester-le-Street, 1836-45, 7 April 1842, appointment forms.
[365] TNA, MH12/2968, Chester-le-Street, 1836-45, 17 March 1842, 22 members present.

situation probably had a greater influence on the guardians than Walsham's efforts to persuade them to rethink their commitment to the tender process. Certainly, the poor law commissioners increasingly found the tender process an unsatisfactory method of appointment for medical officers across the country.[366] Although the Durham mining unions gained financial benefits by tendering for medical officers, they clearly experienced disadvantages in operation like other unions of Durham and other parts of England.

1842 Medical Order

The operation of poor law medical services in County Durham varied from union to union, a situation that prevailed across the country. The lack of standard procedures led to a number of complaints regarding medical competence and a number of medical scandals, most notably the Bridgwater scandal, which gave rise to the 1842 General Medical Order. [367] In addition, the pressure from medical organisations, such as the Provincial Medical and Surgical Association and the British Medical Association, demanded that the commissioners should institute change. Change was possible through section sixteen of the New Poor Law Amendment Act which allowed the Poor Law Commissioners to issue General Orders that prescribed regulations for guardians to follow.[368] The 1842 Medical Order standardised procedures to assist guardians across England and Wales in the operation of poor law medical services. The Order imposed directives on three key medical areas, medical qualifications, the size of medical districts and medical contracts. In addition, the order outlawed the appointment of medical officers by tender. Although the order provided much needed clarity on medical arrangements and procedures some of the Durham unions experienced difficulties meeting the demands of the Order.

The impact of the 1842 medical order varied from union to union in County Durham, depending on the socio-economic character of the union and the priorities of the guardians. The requirement to limit medical districts to 15,000 acres created problems for extensive unions with low populations such as Weardale. In 1843 the commissioners reported that they found it impossible to have medical districts within the prescribed area of 15,000 acres in Wales and parts of the northern counties.[369] Districts with a high population density, such as those in the Durham urban unions, had difficulty conforming to the population limit. The Sunderland district, which formed part of the wider

[366] *Seventh Annual Report of the Poor Law Commissioners,* pp. 4-5.
[367] Shave, *Pauper Policies* p. 214; Samantha Shave, "'Immediate Death or a Life of Torture Are the Consequences of the System': The Bridgwater Union Scandal and Policy Change", in *Medicine and the Workhouse,* ed. by Jonathan Reinarz and Leonard Schwarz, (Boydell and Brewer, 2013), pp. 171-172.
[368] Shave, *Pauper Policies,* p. 42.
[369] *Ninth Annual Report of the Poor Law Commissioners* (London: HMSO, 1843), p. 8.

Sunderland union, exceeded the population limit at 16,750 people. However, the district's low acreage at 120 acres, meant the medical officer was not far from all of his patients, consequently, the commissioners approved the arrangements. Conforming to a district size of 15,000 acres did not present problems for the large urban unions or the mining unions of County Durham. In order to meet population demands the Sunderland union increased their medical districts from three to four districts by splitting the Bishopwearmouth district into two districts. The Chester-le-Street guardians reduced the number of medical districts from three to two districts. Both were marginally over the 15,000-acre limit but both were well within the population levels. The arrangements secured the approval of the commissioners. However, the guardians of the Weardale union contended with a number of difficulties in order to meet the requirements of the medical order. The central authorities seem to have ignored or lacked knowledge of rural unions when they devised the criteria of the medical order.

The rural unions of County Durham, Weardale and Teesdale, faced more challenges than the other Durham unions. Some issues proved impossible to resolve in a sustained manner resulting in continual correspondence between the guardians and the central authorities. For example, the three districts of the Weardale union consisted of between 24,700 and 38,000 acres with populations of 2,100 to 4,400 people. Shave found similar problems in the rural unions of Dorset, Hampshire, Wiltshire and Somerset.[370] She identified the low population levels that made it difficult to adhere to the 15,000-acre limit. There were some similarities between the Wimborne and Cranborne union and the Weardale union. Both were widespread rural unions with low populations, and both had large areas of unpopulated and unproductive land. The Wimborne and Cranborne union in Dorset had over 78,000 acres and a population just over 15,000, which was only marginally smaller than Weardale, and, like Weardale, all four of the medical districts exceeded the maximum size allowed. Shave also identified a lack of medical men, both in respect of their residence and their qualifications, which reflected the experiences of the Weardale union. The Weardale guardians had difficulties finding medical practitioners for the large and remote Derwent district and obtaining fully qualified and competent practitioners for the large and sparsely populated St John's district and the outlying areas of the widespread Wolsingham district. These experiences in the rural unions of southern England and the Durham rural unions suggests that the physical and socio-economic character of a union or district had more impact on the provision of medical services than a simple north or south location.

[370] Shave, *Pauper Policies,* pp. 216-217.

As noted earlier, Walsham successfully persuaded the Chester-le-Street guardians to abandon the tender process before the introduction of the 1842 medical order. However, Hodgkinson found that some guardians attempted to subvert particular directives, including the tender process for the appointment of medical officers. Although the Medical Order made tendering for medical services unlawful, Hodgkinson claims that evasion was widespread.[371] She says that some guardians privately sought out the amount that practitioners were willing to accept for particular districts and then advertised the post at the salary level of the lowest bidder. This research has not identified any union in County Durham whose guardians pursued this practice. Given Walsham's endeavours to improve the salary levels of the region's medical officers, regularly reported in the commissioners' annual reports and his success persuading the penny-pinching Chester-le-Street guardians to abandon the tender process, it is unlikely that any Durham union using any form of tender process, for the appointment of medical officers, escaped his attention. However, other appointment regulations created problems for most of the Durham unions.

Article 3 of the Medical Order required medical officers to possess two qualifications, one in medicine and one in surgery. These dual qualifications formed the basis of what we today call general practice and the general practitioner.[372] The designated qualifications were all issued by English institutions which presented problems for northern unions where many of the medical practitioners had Scottish qualifications. In the context of the Poor Law Act it was not within the law to recognise Scottish qualifications. Consequently, many medical officers in the Durham unions could only hold a temporary contract, usually for one year. As Hodgkinson remarks, this was not the same for other officers of the union who held permanent appointments 'subject to good conduct'.[373] Elsewhere in the country medical officers with English qualifications held permanent contracts which provided them with security of tenure. Temporary contracts in the Durham unions gave no security of tenure for medical officers. This did not encourage applicants for the posts, especially as guardians could easily replace medical officers at the end of their temporary contract without adequate explanation or good reason. The Sunderland guardians replaced Thomas Torbock, medical officer of the Bishopwearmouth district, in 1843 without explanation, although it is apparent the guardians considered him a nuisance because of his persistent attempts to obtain a salary increase.[374] This chapter will examine this case later in greater detail. Likewise, the Weardale guardians replaced John

[371] Hodgkinson, *The Origins of the National Health Service,* p. 78.
[372] Price, *Medical Negligence in Victorian Britain*, p. 28.
[373] Hodgkinson, *The Origins of the National Health Service,* p. 117.
[374] TNA, MH12/3269, Sunderland, 1843-1846, 15 April 1843, 24 February 1844 & 14 March 1844, correspondence of guardians to poor law commissioners and from Mr Torbock to commissioners.

Davison, medical officer of the Wolsingham district, in 1855 without explanation after seventeen years of service.[375]

1842 Medical Order in Rural Unions

The directive for dual qualifications created additional problems for the Weardale union. If no qualified practitioner applied for the post of medical officer, then guardians could appoint a practitioner with only one qualification. Price, on the one hand, cites examples of Skipton and Leeds unions taking advantage of this ruling in order to keep salaries down by looking elsewhere for applicants.[376] On the other hand, Price also points out that the 1847 Consolidated Order, which brought together a number of poor law orders including the 1842 Medical Order and prescribed the extensive medical qualifications that a medical officer needed, meant the poor potentially had access to the most capable medical practitioners of the time.[377] Neither of these findings adequately describes the situation in remote rural districts such as Weardale, where competition was a luxury for the poor and worker alike. Although guardians did look elsewhere for medical officers, with either double or single qualifications, they found it difficult and often impossible to tempt them to move into the more remote districts with limited, if any, means of building a client base to supplement their meagre poor law salary. Even in 1861 when the medical officer of the Thornley district, Charles Heatley, had moved to better pastures, the guardians appointed a replacement with a single qualification because no other suitably qualified practitioner resided in the district.[378] In the case of the remote Derwent district, although it was only marginally above the maximum size, the guardians repeatedly appointed medical officers who lived outside the district, in the neighbouring Northumberland union. With a declining population over the course of the century Weardale had little prospect of change. However, the expectations implicit in the commissioners' directives for medical services had no regard for the circumstances of rural unions. This concurs with Shave's findings that in districts with few medical practitioners, guardians had difficulty finding medical men with the necessary dual qualifications.[379]

Although the Weardale guardians had difficulty meeting the requirements of the district regulations, they had always experienced difficulties providing a medical service in the more remote areas of the union. In 1847 the guardians determined to create a fourth medical district, Derwent District, which

[375] TNA, MH12/3335, Weardale, 1849-1855, 5 March 1853, 24 March 1855 & 19 May 1855, various correspondence between guardians and central authority with enclosures.
[376] Price, *Medical Negligence in Victorian Britain,* p. 29.
[377] Price, *Medical Negligence in Victorian Britain,* p. 30.
[378] TNA, MH12/3336, Weardale, 1856-61, 2, 9, 14, 15 & 16 March & 15 April 1861 correspondence.
[379] Shave, *Pauper Policies,* p. 217.

consisted of two hamlets, Hunstonworth and Edmondbyers. The district was remote and had a population of 1,025 in 1841. Guardians allocated a salary of £7 per annum. Despite the Derwent district marginally exceeding the permitted land size at 15,260 acres, the Commissioners sanctioned its formation. Evidence shows that the guardians also established this district in 1837 and appointed medical officer, Frederick Beavan.[380] Beavan did not provide any evidence of his qualifications at that time, when asked by the commissioners, which the clerk ascribed to the remoteness of his residence.[381] There was no further mention of this medical district, nor any annual appointments made. The annual appointments submitted to the commissioners related only to the other three districts. It was not until 1847, some ten years after the formation of the union, and the one-time appointment of Frederick Beavan, that the district appears in the record again. The guardians, at that time, reported to the commissioners that no medical practitioner resided in the district, although an opportunity existed to make an appointment from a neighbouring area.[382] This practice was not unknown in other parts of the country. For example, the guardians of the Wimborne and Cranborne union approached two of its neighbouring unions, Fordingbridge and Ringwood, to obtain medical assistance for the sparsely populated Cranborne Chase area.[383] In Weardale, the guardians proceeded to appoint the same Frederick Beavan that they had appointed in 1837. Beavan resided in the neighbouring Hexham union, at Blanchland in Northumberland, an area adjacent to the Derwent District.[384] With no correspondence between the central authority and the union on medical matters, other than the minute appointing Beavan to the Derwent district, and no extant union minutes for the decade 1837-47, it is impossible to know for certain how the guardians met the medical needs of the Hunstanworth and Edmondbyers parishes. Both private and poor law medical practitioners would have to travel long distances in order to reach patients in this district which could result in non-attendance by practitioners. King and Stewart suggest that this non-attendance in Wales led to paupers continuing to use alternative medicine throughout the nineteenth century, which residents of the Derwent district may have resorted to.[385] Alternatively, given that the guardians appointed the same medical practitioner, Frederick Beavan, in both 1837 and 1847, it can be conjectured that he continued to provide services either on the original contractual basis of £7 per annum or on a needs basis and paid accordingly. It also appears that the rigour brought to the administration of poor law

[380] TNA, MH12/3333, Weardale, 1834-42, 5 May 1837, Copy of guardian minute submitted to commissioners for approval.
[381] TNA, MH12/3333, Weardale, 1834-42, 26 May 1837.
[382] TNA, MH12/3334, Weardale, 1843-48, 22 May 1847.
[383] Shave, *Pauper Policies,* p. 216.
[384] TNA, MH12/3334, Weardale, 1843-48, 4 June & 7 & 8 July 1847.
[385] S. King & J. Stewart, 'The history of the poor law in Wales: under-researched, full of potential', *Archives,* 26, 105, (2002), p. 144.

medical services, by the central authorities in 1842, and further tightened in 1847, caused the Weardale guardians to pay greater attention to the operation of medical services at local level.

Attendance by medical officers for sick paupers in the large remote districts of Weardale proved challenging, both before and after the 1842 Medical Order. Even when a medical officer proved unreliable guardians had few options for replacing him. In 1838 the Weardale guardians had to contend with a negligent medical officer in the St John's district, a district that covered over 32,000 acres.[386] Price argues that medical officers frequently neglected their duty by ignoring orders to attend cases. However, he claims that in many instances there were extenuating circumstances, such as ill-defined duties or disputes over salary.[387] This does not appear to be the case with the medical officer of the St John's district, Joseph Bowman. Between April and September of 1838, the guardians warned Bowman about his conduct, but he made no improvement. The guardians resolved to ask the commissioners to suspend Bowman from his duties because of 'his constant neglect of the performance of them'.[388] Given the size of the St John's medical district, at more than twice the maximum limit, it is probable that Bowman neglected to visit distant pauper patients when required. Bowman also had private patients which required him to travel similar long distances as for his pauper patients. Given that his private patients paid him for his services, he probably gave them priority. Bowman's neglect of his poor law patients caused the guardians to request his resignation. When Bowman refused to resign the guardians had the 'unpleasant' task of asking the commissioners in November 1838 to dismiss him. [389] The guardians subsequently appointed Joseph Helman as medical officer of the St John's district at £20 per annum.[390] It seems safe to conclude, that without a reliable poor law medical officer, the sick paupers in the large remote districts of Weardale had to resort to alternative medicine, which Price argues may have proved equally effective to poor law provision.[391] However, problems for the guardians did not cease with the appointment of a replacement medical officer.

The delivery of a satisfactory medical service for the sick poor required an efficient and robust administration. However, when the Weardale guardians resolved one administrative issue in the remote medical districts of the union to the satisfaction of the commissioners, the commissioners often raised another that required resolution. This caused frustration for the guardians in their

[386] TNA, MH12/3333, Weardale, 1834-42, 17 November 1838.
[387] Price, *Medical Negligence in Victorian Britain,* p. 24.
[388] TNA, MH12/3333, Weardale, 1834-42, 17 November 1838.
[389] TNA, MH12/3333, Weardale, 1834-42*,* 17 November 1838.
[390] TNA, MH12/3333, Weardale, 1834-42*,* 15 December 1838.
[391] Price, *Medical Negligence in Victorian Britain,* p. 171.

efforts to administer an effective medical service. In 1841, Helman, the medical officer of the St John's district, resigned in order to take up another post. The district had few medical practitioners resident in the locality and the guardians had difficulty identifying qualified medical practitioners because no medical register existed until 1858. They proceeded to appoint Thomas Bateman on a temporary basis, on the grounds that his qualification 'is not understood to be quite regular'. The only other medical practitioner in the district was Bowman, the practitioner previously dismissed, and although qualified, he had proved unreliable and negligent.[392] In Bateman's case, he claimed to have medical experience in the army. After contacting the War Office, the Commissioners deemed Bateman's qualifications insufficient to sanction his appointment.[393] The guardians next proposed James Walker, a fully qualified practitioner who intended moving into the St John's district upon appointment. However, despite the efforts of guardians to identify a fully qualified medical officer, willing to move from the neighbouring Wolsingham district in order to satisfy the demands of the medical order, the commissioners' objections then centred on the size of the district.[394] In Weardale the commissioners were familiar with and sympathetic to the difficulties the guardians faced to find qualified medical practitioners. They noted that although the size of the district exceeded the limit prescribed, the population was relatively low. Accordingly, they asked the guardians to make a special minute detailing the reasons for noncompliance with the order before they sanctioned the appointment.[395] The several problems posed by the 1842 Order for the Weardale union meant that guardians regularly made special minutes detailing the reasons on a range of non-compliant issues. On the one hand the central authorities appeared to demonstrate flexibility in the application of their directives. On the other hand, the requirement to regularly produce resolutions was a tedious process for circumstances unlikely to change in large rural districts with low populations.

Table 2.2: Weardale medical districts, 1853

Medical District	Area (acres)	Population 1851
St John's	32,200	8,882
Stanhope	22,830	
Derwent	15,260	1,100
Wolsingham	~21,000	2,379
Thornley	~4,000	2,206
Totals	95,290	14,567

Sources: TNA, MH12/3335, Weardale 1849-55, 19 March 1853; Guardians reported Stanhope & St John's together in the 1851 census.

[392] TNA, MH12/3333, Weardale, 1834-42*,* 26 October 1841.
[393] TNA, MH12/3333, Weardale, 1834-42, 4 January 1842.
[394] TNA, MH12/3333*,* Weardale*, 1834-42,* 24 May 1842.
[395] TNA, MH12/3333*,* Weardale*, 1834-42,* 24 May 1842.

The noncompliance of Weardale's medical districts with the demands of the Medical Order, resulted in persistent requests from the central authorities to divide the districts further, to seek resident medical officers, and to obtain practitioners with the double qualification required. The Weardale guardians unremittingly rejected all of these each year, with detailed minutes, as required by the 1842 Order. In 1847 the central authorities responded to the Weardale guardians' annual request for approval of their medical arrangements, this time remarking that although no problems had arisen so far, issues could arise at any time.[396] Prophetically, in 1853, these words proved true, when the death of a pauper occurred in the developing Tow Law area of the Wolsingham district. Chapter four examines the case in greater detail. The incident caused the guardians to divide the Wolsingham medical district into two medical districts that same year, creating a new Thornley district.[397] Nevertheless, the revised Wolsingham district still exceeded the maximum size allowed (Table 2.2). The guardians repeatedly responded to the Commissioners' objections concerning the medical arrangements. They pointed to Stanhope and Wolsingham as the only two centres of population, while elsewhere in the union the population density remained very low, and they reiterated the limited availability of medical practitioners across the union. One particularly long response from the guardians included criticism of the medical order with its lack of flexibility and inability to accommodate the character and form of unions like Weardale. The impatience of guardians, yet again explaining the reasons for their decisions, is evident in their reply. They described the mountainous and widespread terrain, the small number of qualified medical men who could make a living in the area, the willingness of the local population to have lesser qualified medical practitioners treat them and the lack of consideration by the central authorities for the difficulties faced by communities such as Weardale when they drew up medical orders. They pointed to the exemption of the Welsh unions from the regulation that set the medical district limit at 15,000-acres and listed several other areas with physical features and populations similar to those in Wales.[398] The terrain of Weardale bears some similarity to areas of Wales and medical districts were the equal of or exceeded some there. For example, St John's district at 32,200 acres was larger than Bangor and Beaumaris at 19,582, Carnarvon at 28,437 and Merthyr Tydfil at 24,615 but was well below the 77,640-acre district of Llandovery.[399] Hodgkinson states that several unions objected to the medical order on a number of grounds and that between 20 and 30 unions gained exemption in the first year.[400] However, the central authorities made no unions or districts in County Durham

[396] TNA, MH12/3334*,* Weardale, 1843-48, 29 March 1847.
[397] TNA, MH12/3335, Weardale, 1849-55, correspondence of 17 February to 19 March 1853.
[398] TNA, MH12/3334, Weardale, 1843-48*,* 10 April 1847; Price, *Medical Negligence in Victorian Britain,* p. 170. Price makes similar arguments for Herefordshire and Staffordshire.
[399] Price, *Medical Negligence in Victorian Britain,* p. 170.
[400] Hodgkinson, *The Origins of the National Health Service,* p. 15.

exempt from any of the 1842 directives. Instead, they required minutes detailing the reasons for non-compliance on each directive every year. Although the central authorities sanctioned deviations from the Medical Order in other unions across the country, they provided no clear criteria on what grounds guardians could obtain exemption. This seems to have created unnecessary and repetitive bureaucratic work for guardians especially in rural unions.

1842 Medical Order in Mining and Large Unions

Although the directives of the 1842 Medical Order created difficulties for rural unions, the large and mining unions of Durham found that the directives provided opportunities for them to address issues of concern. For example, the Chester-le-Street guardians reorganized their medical districts in line with the new regulations. This caused them to review the medical contracts. The commissioners challenged the guardians on the low salary levels they had awarded to the medical officers, which amounted to ⅔d per head of population, well below the average.[401] The guardians replied that they had taken into account the medical officers' role as vaccinator which had more than doubled the amount of the reduction that they had made in their salaries.[402] In response the commissioners referred the guardians to the Vaccination Extension Act, a topic discussed in the next chapter, which specified that the duties of a vaccinator 'are quite distinct and separate from those of Medical Officer'.[403] The guardians had no option but to review their original decision and increased the salaries from £25 to £30 per annum. Nevertheless, they still secured a saving of £5 on their 1841 medical salaries expenditure, which no doubt satisfied the cost-conscious Chester-le-Street guardians.[404] The Sunderland guardians were also cost conscious and although they paid higher salaries to their medical officers than most Durham unions, they paid less than unions elsewhere in the country. The introduction of medical regulations in 1842 provided them with an opportunity to remove a medical officer that they considered troublesome.

Prior to the introduction of the 1842 Medical Order the well-qualified medical officer for the Bishopwearmouth district and the union workhouse of the Sunderland union, Thomas Torbock, made a number of attempts to improve his salary. His efforts led to his replacement with a less qualified but more compliant practitioner. Torbock had enlisted the support of the assistant commissioner, Sir John Walsham, to aid his cause. Walsham provided the guardians with comparative data on the

[401] TNA, MH12/2968, Chester-le-Street, 1836-45, 25 May 1843, the commissioners did not specify which average they referred to, national or County Durham unions.
[402] TNA, MH12/2968, Chester-le-Street, 1836-45, 9 June 1843.
[403] TNA, MH12/2968, Chester-le-Street, 1836-45, 20 June 1843.
[404] TNA, MH12/2968, Chester-le-Street, 1836-45, 10 July 1843, correspondence contained a minute of the guardians meeting on 6 July 1843.

salary levels of medical officers across the country, including the nearby Tynemouth union, which demonstrated the low levels paid in the Sunderland union. He also detailed the personal contributions that Torbock had provided for the well-being of his pauper patients, which exceeded his salary.[405] The arguments, however, did not persuade the guardians to increase Torbock's salary and they probably resented the intervention of an assistant commissioner in local financial affairs, a prospect that Walsham had warned Torbock about. A directive of the medical order required permanent contracts for fully qualified medical officers which led guardians to question the status of their existing medical contracts. They proceeded to make enquiries with the purpose of having Torbock removed.[406]

In order to have Torbock removed, the guardians provided the commissioners with a copy of a minute of medical officer appointments from their meeting of 25 March 1839. They asked to know if the appointments were 'considered as holding office until they die or resign or became legally disqualified', because they would find it 'extremely desirable' to appoint medical officers annually. The quotation used in the letter came directly from Article 20 of the new general medical order, which suggested that they believed that this would provide a way for them to replace Torbock as medical officer. Before acting precipitously, the guardians wanted to ensure they had strong grounds. The commissioners replied that medical appointments made 'previous to the medical order … (28 April 1842) … are not rendered permanent'. This was welcome news for the guardians, knowing that they could terminate any of their medical appointments. To make sure that they proceeded according to the rules of the general medical order the guardians made further enquiries to establish their responsibility in all instances for medical appointments, and that these appointments depended on the contract they agreed with their medical officers, either permanent or to be renewed.[407] With the general order clearly understood, in relation to appointments, the Sunderland guardians proceeded with the following year's medical appointments free of any obligation to re-appoint existing medical officers. All existing medical officers retained their posts except for Torbock, who lost his post to John Gregory in 1844.[408] The new regulations brought standardization and clarity for the efficient management of poor law medical services. The Chester-le-Street guardians made financial savings on their medical provision and the Sunderland guardians removed a medical officer they considered troublesome to manage, despite his qualification as a physician. These cases suggest that financial savings and freedom from troublesome officers

[405] TNA, MH12/3268, Sunderland, 1834-42, 2 February 1841, the letter contains a number of enclosures.
[406] TNA, MH12/3269, Sunderland, 1843-46, 15 April 1843.
[407] TNA, MH12/3269, Sunderland, 1843-46, 25 February 1843, 1 April 1843 & 15 April 1843.
[408] TNA, MH12/3269, Sunderland, 1843-46, 14 March 1844.

motivated guardians more than providing quality medical care. This supports Price's claim that the lack of worth by guardians to the role of the medical officer impacted on the standards of medical care and often led to charges of neglect.[409]

Medical Officers' Salaries

When the guardians of the Durham unions determined the salary levels of their medical officers, they could consider a number of factors that affected the workload and financial outlay of their medical officers including the number of cases attended, the number of attendances required, the size of the district, the number and the distances travelled, and the medications that they prescribed and paid for. For example, the Darlington union determined their medical officer salaries taking into account the district population, the area of the district and the number of paupers attended during the previous year.[410] Shave found that payments to medical officers, across England and Wales, came in one of three ways, on a case-by-case basis, in a lump sum or at a rate per head of the district's population which guardians established at the start of the contract.[411] It was the responsibility of guardians to determine the salary of each of its officers and in the Durham unions the guardians paid their medical officers lump sum salaries, first by tender then by the guardians' assessment with central authority approval. Calculating salaries on a rate per head of population took into account the need to provide medical care for workers who became ill or had an accident. Adopting a case-by-case approach would achieve the same objective, but since the rate per head only required a calculation on the previous year it would need less administrative work than the case-by-case method. Hodgkinson found that Coulsdon, a small parish in the South of England, paid £273 16s 0d in relief over an eighteen-month period due to accidents to railway workmen.[412] In Durham's industrial unions workers made up the majority of the population and accidents were a frequent occurrence, a situation the Chester-le-Street guardians brought to the attention of the Poor Law Commissioners in 1843.[413] Consequently, the guardians of the Durham unions considered more than a rate per head of population when determining salaries. For example, Sunderland like Darlington, considered the size and population of the medical district and the number of cases attended in the previous year.[414] These factors equated more closely to the potential workload of a medical officer than a simple head count.

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[409] Price, *Medical Negligence in Victorian Britain,* p. 42.
[410] TNA, MH12/2991, Darlington, 1847-48, 9 May 1849.
[411] Shave, *Pauper Policies,* p. 200.
[412] Hodgkinson, *The Origins of the National Health Service,* p. 49.
[413] TNA, MH12/2968, Chester-le-Street, 1836-45, 3 March 1843, In the case of coal miners, the coal owners usually paid relief for accidents but not for illness of the worker or his family.
[414] TNA, MH12/3269, Sunderland, 1843-46, 18 February 1843, Letter from the guardians to the commissioners with a report of the committee to determine medical officers' salaries.

Table 2.3: Medical officer salaries & statistics for Durham unions, 1842-43

Durham Unions	No of MOs	Salary £	Cost Per head	Average acres per MO	Average population per MO	Average MO Salary £
Auckland	3	75	¾d	19430	7326	25
Chester-le-Street	2	50	¾d	15533	9179	25
Darlington	4	171	2d	15190	5372	43
Durham	2	48	½d	20734	13960	24
Easington	2	17	¼d	17330	7879	9
Gateshead	4	153	1d	5723	9687	38
Houghton-le-Spring	4	72	1d	3510	4017	18
Lanchester	3	39	¾d	16328	3649	13
Sedgefield	3	39	1½d	13030	1990	13
South Shields	3	114	1d	4411	9636	38
Stockton	6	190	1¼d	12058	5648	32
Sunderland	3	195	¾d	3855	18742	65
Teesdale	6	158	2d	28327	3262	26
Weardale	3	65	1½d	31690	3391	22
Totals		**1386**	**1d**	**14863**	**6792**	**29**

Source: *Return of Names of each Poor Law Union in England and Wales, according to Districts of Assistant Commissioners* (House of Commons Papers, 1843), XLV.95, 182, p. 4.

The main conditions of employment of medical officers, their salaries, their district population and the size of their district varied widely across the Durham unions (Table 2.3). In the rural unions of Teesdale and Weardale medical officers had large distances to travel. Even though Teesdale employed the most medical officers in the county and had a total salary bill comparable to the large urban unions, the distances the medical officers had to travel far exceeded those of the urban unions, yet their individual reward was significantly lower. For example, the Sunderland medical officers received on average more than twice as much as the Teesdale medical officers. While the Teesdale medical officers travelled nine times more distance to reach their pauper patients, the Sunderland medical officers had six times more patients. This suggests that guardians considered the greater populations meant more work and merited a higher salary. The medium sized, mining unions had relatively low total costs which satisfied prudent guardians. However, the medical officers were not well remunerated and according to the cost per head of population the guardians do not appear to have served their sick paupers very well. Crowther maintains that comparing the salaries of medical officers is of little use, since doctors with the same salary may have different numbers of patients and different conditions and some may have medicines supplied by the guardians.[415] The evidence presented here suggests that unions of similar make-up and character make better comparators. Nevertheless, the Poor Law Commissioners repeatedly compared and reported on the

[415] M. A. Crowther, 'Paupers or Patients? Obstacles to Professionalisation in the Poor Law Medical Service Before 1914', *Journal of the History of Medicine and Allied Sciences,* 39, 1, (1984), p. 40.

cost per head without regard to the nature of the union, although there may be merit in comparing counties using this methodology.[416]

The average salary of medical officers in the Durham unions was significantly lower than the average for England and Wales in 1844, at £29 and £46 per annum, respectively.[417] This contrasted with the salary of clerks who received more than twice that amount at over £100 per annum and relieving officers at about £82 per annum. The average salary for medical officers was on a par with chaplains, collectors of rates and assistant overseers. In the same year nurses across England averaged just over £12 per annum, which was almost three times less than schoolmasters, a third less than schoolmistresses and half the salary of porters. Of all the poor law officers, nurses were the lowest paid. More will be said on nurses later in this chapter. Medical associations argued that the salaries of poor law medical officers were inadequate and articles in the *Lancet* regularly mocked their salaries and working conditions.[418] To compensate their low salaries the medical officers in the Durham unions needed to supplement their poor law income with private practice, which meant they constituted a part-time workforce, rather than full-time state doctors. This meant that the medical officers of the Durham unions did not give their full attention to their poor law duties. Price argues that this constituted the greatest obstacle to welfare reform in the nineteenth century and a key component that led to medical negligence.[419] The neglect by medical officer Bowman in Weardale, referred to earlier in this chapter, by medical officer Browne in South Shields, referred to in chapter four, and other cases of neglect in the Durham unions, would appear to confirm Price's conclusion that a major cause of medical neglect resulted from the need to supplement the low medical salaries paid by guardians.[420] A part-time medical workforce could work well where private practice was successful, such as in Sunderland and other unions with a 'prosperous' population. However, it was not an economical proposition in unions such as Weardale and often led to the neglect of sick paupers as we will see in chapter four. Hodgkinson found a number of cases of neglect across England which she attributes to inadequate salaries. For example, in Shropshire the salaries were so low at £50 per annum, that only unqualified surgeons applied for the post of medical

[416] It was reported earlier in this chapter that assistant commissioner, Robert Weale, recommended in 1836 that medical officer salaries should take into account both the cost per head and the nature of the union.
[417] *Returns of the Amount of the Salaries of all the Officers employed in 591 Unions* (House of Commons, 22 May 1849), p. 306.
[418] For example, Thomas Wakley, *Lancet* (London: George Churchill, 1846), Vol I, p. 709, letter from G.J.S. Camden of Hounslow; Thomas Wakley, *Lancet* (London: George Churchill, 1849), Vol. II, p. 20, editorial comment on 7 July 1849.
[419] Price, *Medical Negligence in Victorian Britain*, p. 36.
[420] TNA, MH12/3333, Weardale, 1834-42, 17 November 1838; MH12/3203, South Shields, 1850-55, 22 April – 30 September 1850; MH12/3156, Houghton-le-Spring, 1886-88, 18 October 1886; MH12/3119, Hartlepool, 1859-61, 11, 19 & 29 December 1860.

officer.[421] She also found that the medical officer of the Langport union in Somerset received only £55 per annum in 1843 for 683 cases which required him to make 5,707 journeys. In addition to his time he also paid for drugs, turnpike tolls and keeping a horse, which cost more than his salary. So, although commissioners regularly reported that northern unions paid low salaries to their medical officers, evidence suggests that the deterrent nature of the New Poor Law and its frugality had a wider impact on medical officer salaries.

Table 2.4: Medical officer salaries & statistics for five English counties, 1842

County	Total Number of Medical Officers	Total Salary Paid £	Cost per head of population	Average acres per medical officer	Average population per medical officer	Average salary per medical officer £
Berkshire	40	3,353	4¼d	14,745	4,759	84
Dorset	50	2,997	4¼d	12,254	3,357	60
Leicestershire	39	2,349	2½d	12,320	5,647	60
Warwickshire	40	2,044	2¼d	12,717	5,501	51
Durham	48	1,386	1d	14,863	6,792	29

Source: *Return of Names of each Poor Law Union in England and Wales, according to Districts of Assistant Commissioners* (House of Commons Papers, 1843), XLV.95, 182, pp. 4-6, 8-9, & 13-14.

To facilitate comparison with the Durham unions, examination of two counties from the South of England, Berkshire and Dorset, and two counties from the Midlands, Leicestershire and Warwickshire, provide some indication of the differences in medical salaries across the regions of England. Each of the counties in Table 2.4 had similar numbers of medical officers, comparable numbers of old people unable to work and expanding populations, albeit at slower rates than County Durham.[422] Like County Durham the Midland counties experienced industrial growth contrasting with the two largely rural counties situated in the eastern and western areas of the South of England. In addition, assistant commissioner Walsham oversaw the establishment of the Dorset unions. The medical officers of the Durham unions had worse conditions of employment than the medical officers of both the South and Midland unions, which probably impacted on the ability to attract well qualified medical practitioners. The Durham unions employed slightly more medical officers than the Midland counties but a similar number to those in the South of England (Table 2.4). In addition, the Durham unions total salary bill amounted to less than the midland counties and only half that of the southern counties. The medical officers of the Durham unions received less pay, the average district was larger incurring more travel expenditure, and the population they served was larger. Nevertheless, they received half the salary that medical officers received in the Midlands per head of population and only a quarter of that received in the southern unions. In all respects it was difficult

[421] Hodgkinson, *The Origins of the National Health Service,* p. 84.
[422] *Appendices to the Twelfth Annual Report of the Poor Law Commissioners* (London: HMSO, 1846), Appendix B, pp. 96, 98 & 110.

for medical officers in the Durham unions to make a living as a poor law medical officer without recourse to a wider client base. In rural districts, such as those in the Weardale union, guardians continually had difficulty recruiting medical officers who conformed to poor law regulations, because of the difficulty establishing a client base to supplement the poor law income.

In the large urban and mining unions of Durham the poor law medical officers played a crucial role in keeping disease at bay, which maintained the health of the wider population, they returned injured people to their place of work, and they limited claims on poor relief. For these reasons, which applied to unions in all parts of the country, the Poor Law Commissioners wanted medical officers to have salary levels commensurate with their role. In 1854 a parliamentary committee recommended improvement of the salaries for medical officers.[423] However, guardians could ignore these recommendations. The commissioners could only prescribe the qualifications required to be a medical officer, the maximum area each could cover, and the maximum population they could serve. Decisions relating to finance lay in the domain of guardians in their capacity as ratepayers themselves and as directly accountable to the other rate payers of the union. Bartlett claims that the Consolidated Orders of 1847 and 1855 and the establishment of a consolidated fund, a national tax pool that funded half of a medical officer's salary, provided medical officers with greater independence.[424] Price argues that the effect of the fund was questionable.[425] In the Durham unions the fund appears to have encouraged the large urban unions to improve the salaries of medical officers. The smaller unions and the rural unions continued to hold medical officer salaries at lower levels. For example, in 1886-7 Sunderland claimed £375 medical grant which reflected their growing population, and Weardale, with a declining population and the continuing lack of medical practitioners, only claimed £56 medical grant.[426] The ability of the large urban unions to raise more rates probably accounts for this difference. Despite the importance of the medical officers' role in limiting the impact of disease the main priority of the guardians of the Durham unions centred on keeping direct costs down. This evidence from the Durham unions seems to support Price's claim and perhaps suggests the effect of the fund varied from union to union, dependent on the priorities of the guardians and local socio-economic circumstances.

[423] *Report from the Select Committee on Medical Relief; together with the Proceedings of the Committee, Minutes of Evidence, Appendix and Index* (House of Commons, 5 July 1854), pp. iii & vi-vii.
[424] Peter Bartlett, *The Poor Law of Lunacy*, *The administration of pauper lunatics in mid-nineteenth-century England* (London: Leicester University Press, 1999), p. 126.
[425] Price, *Medical Negligence in Victorian Britain,* p. 43.
[426] *Sixteenth Annual Report of The Local Government Board, 1886-87* (London: HMSO, 1887), p. 337.

Medical Expenditure

Table 2.5: Medical expenditure in the Durham unions, 1838-9 & 1848-9[1]

Durham Unions	Medical Relief 1838-9 £	s	Medical Relief 1848-9 £	s	Pop 1841	Pop 1851	Pop 1848-9	Cost per head 1838-9	Cost per head 1848-9
Auckland	52	8	111	10	21979	30083	27652	½d	1d
Chester-le-Street	55	0	84	0	18357	20907	20142	¾d	1d
Darlington	151	18	227	1	21488	21618	21579	1¾d	2½d
Durham	79	14	95	11	27919	35818	33448	¾d	¾d
Easington	40	3	76	0	15757	21795	19984	½d	1d
Gateshead	105	7	290	4	38747	48081	45281	¾d	1½d
Houghton-le-Spring	55	0	93	10	16067	20951	19486	¾d	1¼d
Lanchester	26	15	56	0	10946	20133	17377	½d	¾d
Sedgefield	37	0	53	10	5970	8481	7728	1½d	1¾d
South Shields	144	18	189	16	28907	43896	39399	1¼d	1¼d
Stockton	148	0	262	0	33886	31752	32392	1d	2d
Sunderland	224	12	341	6	56226	70576	66271	1d	1¼d
Teesdale	159	16	149	12	19574	19813	19741	2d	1¾d
Weardale	69	7	158	18	10174	14567	15049	1¾d	3d
Total	**1349**	**18**	**2188**	**18**	**325997**	**408471**	**385529**	**1d**	**1¼d**

Sources: *Fifth Annual Report of the Poor Law Commissioners* (London: HMSO, 1840), Appendix E, pp. 4-11; *A Return of the Names of each Union in England & Wales* (House of Commons, 10 April 1843), p. 4; *Second Annual Report of the Poor Law Board 1849* (London: HMSO, 1850), pp. 172-199; *Census of Great Britain, 1851* (London: HMSO, 1851), pp. 43-47 & 194-195.

[1] See Appendix 4 for data calculations.

Walsham's remarks to a select committee in 1844 may explain the determination of the Chester-le-Street guardians to keep medical costs down. He reported that the amount paid by the northern unions for medical services under the New Poor Law exceeded that expended under the Old Poor Law, by at least 40%.[427] In the Sunderland union the increase was 60%, from £155 per annum to £354 per annum. However, despite this increase in medical expenditure the medical officers themselves gained no benefit.[428] Commissioners reported medical relief costs for each union in England and Wales in their annual reports. Table 2.5 illustrates the levels of medical relief expenditure and the variations in each of the Durham unions for 1838-9 and 1848-9. Commissioners noted a disparity between the northern and southern unions of England in 1842 and expressed concern about the ability of northern medical officers to deliver 'the amount of care and medicines which guardians profess to ensure'.[429] If positive action ensued to address these concerns, then ten years later, in 1848-9, it would be reasonable to expect higher levels of medical relief. However, there was only a marginal increase, from 1d to 1¼d per head across the county. Taking into account the change in the

[427] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 627.
[428] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 628.
[429] *Ninth Annual Report of Poor Law Commissioners,* pp. 10-11.

value of the pound this nevertheless represented an increase in real terms.[430] The absolute increase in medical expenditure of £839 represented a 62% increase across all of the Durham unions. Although there was an absolute increase in most unions, some only expended in line with population growth, such as Durham and South Shields at ¾d and 1¼d per head, respectively (Table 2.5). Walsham reported that the Norfolk and Suffolk unions had a combined population of 74,039 while Northumberland and Durham had a comparable population of 74,867. In the East Anglian unions, he reported 2,500 medical cases, and in the North-East, 543. Accounting for the extreme difference Walsham could only assume that most of the population of the eastern counties formerly had recourse to parochial aid whereas 'in the North of England they never did so'.[431] An eminent surgeon, George James Guthrie, giving evidence to a Select Committee concluded that 'the medical districts in the northern counties required a thorough revision on every point' and George Cornewall Lewis, a poor law commissioner, reported that County Durham had one of the lowest expenditures on medical relief in England and Wales, at 1¼d per head of population, second only to the West Riding of Yorkshire at 1d per head of population.[432] Over the ten-year period, 1838-9 to 1848-9, the Durham unions made very little progress increasing their medical expenditure in line with expenditure levels elsewhere. The evidence presented here suggests that the guardians of the Durham unions adopted a common policy of prudence and parsimony in their management of medical services. Despite the concerns of the central authorities on the ability of medical officers to deliver an adequate service to the sick poor, the guardians clearly believed they provided a satisfactory level of care. Further research on issues such as alternative provision, the incidence of disease and death rates, may determine the extent to which the sick poor received an adequate medical service.

Table 2.6: Southern & Midland counties medical relief expenditure, 1838-9 & 1848-9

Unions	Medical Relief 1838-9 £	s	Medical Relief 1848-9 £	s	Pop 1841	Pop 1851	Pop 1848/9	1838-9 per head	1848-9 per head
Dorset	2947	1	3787	10	167874	177095	174329	4¼d	5¼d
Berkshire	3105	0	4452	10	190367	199224	196567	4d	5½d
Warwickshire	2048	7	3058	17	220029	247743	239429	2¼d	3d
Leicestershire	2852	14	3159	8	220232	235920	231214	3d	3¼d
County Durham	1349	18	2188	18	325997	408471	385529	1d	1¼d

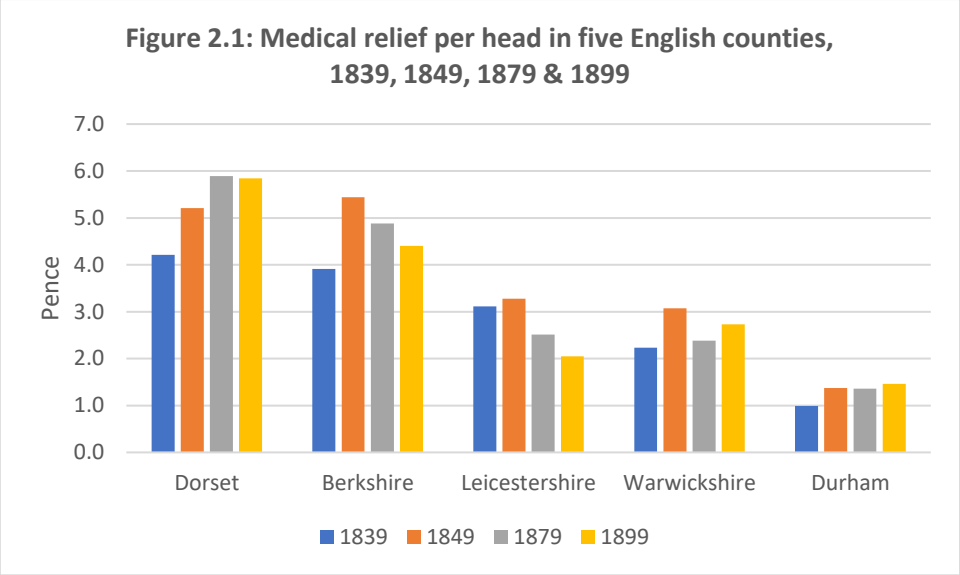
Sources: *A Return of the Names of each Union in England & Wales* (House of Commons, 10 April 1843); *Fifth Annual Report of the Poor Law Commissioners* (London: HMSO, 1840), Appendix E; *Second Annual Report of the Poor Law Board, 1849* (London: HMSO, 1850); *1861 Population Tables*, Vol. 1 (London: HMSO, 1862).

[430] Robert Twigger, 'Inflation: the Value of the Pound 1750-1998', *Research Paper 99/20* (House of Commons Library: 23 February 1999), 1838 index 10 & 1848 index 9.4 against base year 1974.
[431] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 631.
[432] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 705 & 76.

The reasons for choosing the counties in Table 2.6 have already been explained and we can observe similar differences in the medical relief expended by each of these counties to those found in the medical officers' salaries. The southern unions spent almost three times more than the Durham unions in absolute terms, and about four times as much per head of population, on medical relief in 1838-9. Ten years later the gap per head of population widened to over four times greater, with Dorset and Berkshire spending 5¼d and 5½d per head respectively, to Durham's 1¼d per head in 1848-9 (Table 2.6). The same analysis for the midland counties shows absolute expenditure about twice as high as the Durham unions and about two to three times more per head of population than that spent by the Durham unions in 1838-9 (Table 2.6). In 1848-9 the gap per head of population remained unchanged, so the variance in medical relief between County Durham and other counties of England widened.

A cursory glance at figures for other counties of these two regions and for the northern regions suggest those provided here are typical for their regions. The difference in the figures suggests that either the guardians in the Durham unions were less generous than their southern counterparts or alternative medical services existed. The commissioners listed a number of northern unions including County Durham, with an average 1d per head of medical expenditure, alongside southern counties such as Sussex, at 5d per head. They claimed that the reason for the disparity derived from the old system in the north, where overseers did not contract 'by fixed salary for attendance on the poor', unlike the practices in the south where they appointed medical men. It was a more common practice in the north to incur a bill for medical attendance, by the 'favour' of the overseer or vestry and the disposition by practitioners to make moderate charges.[433] Adding to these remarks Walsham reported that the guardians of the Durham and Northumberland unions had very little data on which to establish remuneration levels for medical officers and that the medical relief of the north 'did not average … one sixth of the cost … estimated in the southern and midland counties'.[434] On the basis of these accounts commissioners concluded it was 'nearly impossible for us to introduce any uniform scale of salary or payment per case for the entire country'.[435]

[433] *Ninth Annual Report of the Poor Law Commissioners,* p. 11, the remarks here specifically related to Lancashire and the West Riding of Yorkshire but were reported in the context of the northern unions and their common practices.
[434] *Ninth Annual Report of the Poor Law Commissioners,* p. 11.
[435] *Ninth Annual Report of the Poor Law Commissioners,* p. 11.



Sources: See Table 2.5 for 1838-9 & 1848-9 data; *Census of England and Wales, 1881, Vol. II., Area, Houses and Population* (London: HMSO, 1883), p. xxi; *Ninth Annual Report of the Local Government Board, 1879-80* (London: HMSO, 1880), Appendix C, pp. 316-319; *Twenty-Ninth Annual Report of the Local Government Board, 1899-1900* (London: HMSO, 1900), p. 327 & Appendix F, pp. 414-423.

Even by the end of the nineteenth century the medical relief expenditure per head remained significantly lower in County Durham than both the Southern and Midland counties of England (Figure 2.1). However, some explanation may lie in the alternative medical services that supplemented medical relief in the northern industrial areas. For instance, most colliery owners paid for accidents to their miners and miners usually paid into medical clubs for themselves and their families. In some clubs the members could choose their own doctor, while others assigned the doctor.[436] Private medical clubs also operated across the county and in Sunderland almost 60 operated in the 1840s.[437] However, medical practitioners did not always favour the clubs because the fee per head was usually too low, so like the poor law unions, the operators of medical clubs had some difficulty recruiting medical practitioners. In Weardale only the London Lead Mining Company, which employed about 80 miners, retained a surgeon for the miners.[438] The Bishop of Durham, who employed nearly 1,000 men, made no provision for medical aid in cases of sickness or accident.[439] If a miner died no benefits accrued to his widow and children, and they became immediately chargeable to the parish. The lifespan of a lead miner was estimated at 45 years, consequently, the chief cause of pauperism in the Weardale union came from the unusually high numbers of widows and orphans.[440] So, although the expenditure by Durham unions' guardians appears low compared with

[436] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 963.
[437] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 535.
[438] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 962.
[439] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 964.
[440] *Report of the Select Committee on Medical Poor Relief,* (1844), p. 964.

other parts of the country, the alternative sources of aid may account for the difference. This would make an excellent topic for future research.

Nursing Care

This section of the chapter will demonstrate that poor law nursing had a profound and lasting impact on the professionalisation of nursing by analysing the challenges and innovative solutions to provide a well-trained workforce within the Durham unions. This research supports White's claim that poor law nurses formed 'Britain's first National Nursing Service'.[441] However, paupers carried out the nursing function in most Durham unions in the early decades of the New Poor Law. In 1851 the Durham union was the only union in County Durham that employed a paid nurse.[442] It was another five years, in February 1856, before the Sunderland guardians made their first attempt to appoint paid nurses. Up to that time, pauper inmates nursed the sick poor, a feature of continuity between the Old and New Poor Laws across England and Wales. Recent historians have identified features of nursing care that operated under the Old Poor Laws, which applied equally well to those found under the New Poor Law in the Durham unions. Under the Old Poor Laws recipients of poor relief worked as carers in several settings, including foster carers for children, care of the elderly and nursing care for the sick.[443] In some instances, family members received small payments to provide nursing care. In the Bishopwearmouth parish, later to form part of the Sunderland union, Rushton found that paupers cared for the sick in the early eighteenth century.[444] Of all parish 'employees' carers and nurses was the largest category, which continued to grow over the course of the eighteenth century.[445] Nurses were mainly women but some men were employed to care for other men, a feature that continued under the New Poor Law.[446] Guardians operating under the deterrent New Poor Law frequently expressed reluctance to pay for a long-established nursing and caring service that had previously come free of charge.[447] Even if guardians demonstrated a willingness to pay for nursing care, the lack of a professional nursing service meant guardians had access to a limited supply of nurses throughout most of the decades of the nineteenth century, as we shall see in the following section. It was not until the 1850s that nursing gained any measure of respectability

[441] White, *Social Change and The Development of the Nursing Profession,* p. 3.
[442] *1851 Census,* HO107/2390, p. 165, Anne Young, unmarried, age 34, nurse, born Barton, Northumberland.
[443] Samantha Williams, *Poverty, Gender and Life-cycle under the English Poor Law 1769-1834* (London: The Boydell Press, 2011), pp. 104-105 & 110.
[444] Peter Rushton, 'The Poor Law, the Parish and the Community in North-East England, 1600-1800', *Northern History,* 25, 1, (1989), 135-152, p. 139.
[445] Williams, *Poverty, Gender and Life-cycle under the English Poor Law 1769-1834, p. 146.*
[446] Williams, *Poverty, Gender and Life-cycle under the English Poor Law 1769-1834, pp. 146-147.*
[447] Hodgkinson, *The Origins of the National Health Service,* p. 169.

as a profession.[448] Although the 'lady nurses' of Florence Nightingale are popularly regarded as the leaders of nursing reform, they usually supervised the work of the lowly working-class nurse, in a similar manner to the domestic servant.[449] However, it has been argued that it was the working-class nurses who had the greater influence on nursing developments.[450] This chapter will add to this argument by demonstrating the contribution made by the Sunderland guardians to the development of a professionalised nursing workforce with the introduction of one of England's early poor law nurse training facilities.

All of the Durham unions adopted a range of strategies to obtain nursing care dependent on the circumstances. For sick paupers in the workhouse most Durham unions used pauper inmates for their nursing care. Guardians usually rewarded them with extra rations for their services, although commissioners did not allow alcohol. As late as 1867, when guardians of the larger unions across the country regularly paid for nurses, the Sunderland guardians had to appoint a pauper nurse because of a shortage of trained nurses.[451] Even at the end of the century, in 1898, the rural union of Teesdale appointed a shop assistant as a nurse. She proved incompetent and had to resign a month later.[452] Guardians found nursing care in the community expensive, so most relied on family and friends to care for the sick. However, families often lived in different unions. The Darlington guardians sought permission to pay non-resident relief to a neighbouring union for Ann Appleby, who would have required full-time nursing if she remained in Darlington. The central authorities approved the guardians' request to house Appleby with her son's family who would care for her, in the neighbouring Richmond union, with relief paid by the Darlington union.[453] This solution saved the guardians from having to find and pay for full-time nursing care. Guardians utilized this cost-effective solution for nursing care, especially for old and terminally ill paupers.[454] With an expanding population across the county demand for nurses increased throughout the nineteenth century, but with insufficient trained nurses, guardians had to regularly resort to the old practice of using unskilled pauper labour.

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[448] Maxine Rhodes, 'Women in Medicine, Doctors and Nurses', in Deborah Brunton, Ed., *Medicine Transformed, Health, Disease and Society in Europe, 1800-1930* (Manchester, Manchester University Press, 2004), p. 165.
[449] White, *Social Change and The Development of the Nursing Profession,* p. 23.
[450] Carol Helmstadter, 'Shifting Boundaries: Religion, Medicine, Nursing and Domestic Service in Mid-Nineteenth Century Britain', *Nursing Inquiry,* 16, 2, (2009), 133-143, pp. 133 & 142.
[451] TNA, MH12/3275, Sunderland, 1867-69, 5 March 1867.
[452] TNA, MH12/3329, Teesdale, 1897-99, 25 November 1898 & 19 December 1898.
[453] TNA, MH12/2991, Darlington, 1847-49, 31 March 1848 & 4 April 1848.
[454] TNA, MH12/2991, Darlington, 1847-49, 11 September 1848, for 70-year-old Sarah Groves to her family in the Houghton-le-Spring & 7 October 1848, for 26-year-old terminally ill John Sistan to his brother in the Durham union.

Pauper nurses & untrained nurses

The lack of a clear policy and strategy, on the part of the central authorities, for the provision of nursing and nurse training, meant that unions across England and Wales experienced problems of nurse recruitment throughout the nineteenth century and those appointed had a consistently high incidence of resignations including dismissal and forced resignations.[455] Most of the Durham unions experienced these problems and guardians continued to use paupers as nurses. Those unions able to find and appoint non-pauper nurses tended to appoint older women, often widows, with doubtful qualifications and experience. Even as late as 1896 both the Durham and Sedgefield unions employed no trained nurses and most others only had one.[456] When the Sunderland guardians found it difficult to appoint trained nurses in 1867, they appointed pauper inmate Elizabeth Fairs as a night nurse at six shillings per week. Elizabeth was unable to read or write which meant she could not read the directions on medicines. However, the Sunderland guardians reasoned literacy was not essential for a night duty nurse.[457] At the same time the guardians asked the Poor Law Board for details of any nurse training establishments. The Board provided impractical advice suggesting that guardians approach All Saints House in London, one of the very few establishments that trained women from the 'more reputable sections of society' in nursing, and recommended they increase the salary of their nurse appointments if they were to attract suitable applicants.[458] Although Chorlton union had successfully attracted a nurse appointment from All Saints House, the training establishment produced a limited supply of trained nurses and workhouse nursing did not present itself as an attractive option. Rural Teesdale experienced similar difficulties finding suitable nurses. After the appointment of the shopkeeper who had proved incompetent, they appointed Elizabeth Danby, a 40-year-old widow, in 1899, who claimed to have nursing experience. However, when inspector Dawson visited the workhouse in the same year, he complained that Danby did not have the required nursing qualifications. He reported that she had left her previous nursing post at Ross workhouse because the guardians there wanted a 'more skilled' nurse.[459] Clearly Dawson knew more about Danby than her application revealed, which led to her resignation in 1899. In periods without a nurse, the matron of the Teesdale workhouse had to undertake nursing duties in addition to her role as matron.[460] The guardians had some measure of success in 1900 when they appointed Marie Catherine Fryer, a nurse who had worked for over three years at Birdsall Benefit Nursing

[455] From 1869 the central authorities included resignations of all union officers in their annual reports.
[456] 'On Nursing in Workhouse Infirmaries', *The British Medical Journal,* 26 September 1896, pp. 857-862.
[457] TNA, MH12/3275, Sunderland, 1867-69, 10 July 1867.
[458] TNA, MH12/3275, Sunderland, 1867-69, 16 & 25 July 1867.
[459] TNA, MH12/3329, Teesdale, 1897-99, 27 November 1899, Dawson's complaint.
[460] TNA, MH12/3329, Teesdale, 1897-99, 5 January 1899.

Association.[461] Nursing Associations specialised in training district nurses but the skills they gained also applied in wider settings.[462] This research has not identified how long nurse Fryer remained at Teesdale workhouse, but as an older woman with nursing experience within a rural setting similar to Teesdale, it is possible the union retained her services for some time.[463] This series of difficulties in finding, appointing and retaining skilled nurses continued throughout the nineteenth century in all of the Durham unions.

Poor Law nursing in the 1850s and 1860s

The Poor Law Board had little appreciation of the difficulties appointing appropriately skilled nurses at local level. The central authorities provided very little useful guidance or support to guardians on nursing and made few references to nurses in their parliamentary reports until the 1870s, and even then, they made few substantial references to training requirements and remuneration. The only regular reporting made by the central authorities that featured nurses related to the dismissal of various officers in unions across the country in which nurses consistently had a high incidence of forced resignation and dismissal.[464] White found the central authorities to be apathetic and lay guardians to have little understanding of sickness. In consequence the guardians had no one to turn to for advice.[465] When the Sunderland guardians first agreed to appoint paid nurses in 1856 the Poor Law Board refused to sanction their appointment. The guardians had created six nursing posts at one shilling per week. They appointed two males on the male ward of the hospital, two females on the female ward, one female nurse for the lying-in ward and one female nurse for the infants' ward.[466] The central authorities lacked any clear policy on nursing in 1856 but, like other appointments, they had to approve the appointment of paid nurses. When they saw that the Sunderland guardians had set the salary of each nurse as low as one shilling per week, the Poor Law Board suspected that the guardians had appointed paupers removed from the pauper list, a practice

[461] TNA, MH12/3329, Teesdale, 1897-99, 23 April 1900, resignation & 23 June 1900, appointment.
[462] Stuart Wildman, 'Local Nursing Associations in an Age of Nursing Reform, 1860-1900' (unpublished doctoral thesis, University of Birmingham, 2012), pp. 65 & 275-278
[463] Birdsall is a small rural community in North Yorkshire.
[464] *The Second Annual Report of the Local Government Board, 1872-73* (London; HMSO, 1873), Appendix 1, No. 76, p. 330, Twelve nurses were dismissed, the highest of all categories in the workhouses of England and Wales; *The Fifth Annual Report of the Local Government Board, 1875-76* (London: HMSO, 1876), Appendix 1, No. 66, p. 372, Sixteen nurses were required to resign or were dismissed in the year ending 31 December 1875. Only porters had a higher incidence. The central authorities made these reports annually with the two cited here by way of example.
[465] White, *Social Change and The Development of the Nursing Profession,* p. 36.
[466] TNA, MH12/3272, Sunderland, 1855-56, 5 February 1856, Letter from union to Poor Law Board.

they considered 'objectionable'.[467] It appears they considered that paupers should remain paupers rather than have improved status with formal employment as paid nurses. They suggested that half the number of nurses proposed by the guardians could carry out the duties of these nurses, and recommended advertising in *The Times* newspaper for nurses for the workhouse hospital with better remuneration.[468] This was an over-optimistic suggestion by the Poor Law Board with at least three nursing posts to fill and demonstrates their lack of awareness of the low numbers of skilled nurses. As Hodgkinson concludes the use of pauper nurses does not imply parsimony on the part of guardians but rather the lack of any trained nurses across the country.[469] The voluntary sector absorbed most trained nurses with very few willing to uproot to work in an industrial union's workhouse. Working as a nurse in the Sunderland workhouse hospital was challenging and less attractive than the heroic fields of overseas war, missionary work or within England's several voluntary hospitals. The Poor Law Board seem to have come to the realisation, after Sunderland's request, that a shortage of trained nurses existed for workhouse infirmaries. Shortly after they refused Sunderland's request, other Durham unions made application and obtained approval for paid paupers, removed from the pauper list, to work as nurses. For example, the Darlington union appointed four pauper nurses at 1/- per week each.[470]

Sunderland's efforts to find, appoint and retain competent nurses proved inadequate and inefficient for their first appointment which lasted no more than a year. The advertisement for a workhouse nurse did not specify any particular qualifications and the guardians did not corroborate the validity of the claims made by the nurse who secured the post. They had no means of assessing or comparing the standards of any nursing credentials presented to them. Nevertheless, they appointed Sarah Stewart, a 49-year-old widow, who had previously worked for two years in the Liverpool Royal Infirmary, three years in an industrial training school, and sixteen months as a laundress in the Sunderland union workhouse. The forms submitted to the Poor Law Board by the clerk of the Sunderland union included the remarks 'these are all the particulars on occupation she furnished'. This suggests that Stewart did not provide any testimonials or references nor did the guardians seek to pursue them. Consequently, her credentials as a nurse remain in doubt.[471] The

[467] TNA, MH12/3272, Sunderland, 1855-56, 16 February 1856, Notes of Edward Hurst, the inspector of the Poor Law Board for the North-East of England, appended to the union letter requesting approval of the appointments.
[468] TNA, MH12/3272, Sunderland, 1855-56, 25 March 1856, the advertisement stipulated a salary of £20 per annum with board and rations and applicants had to state their age and occupation, with testimonials as to character and competency.
[469] Hodgkinson, *The Origins of the National Health Service,* p. 556.
[470] TNA, MH12/2994, Darlington, 1857-59, 1 February 1859.
[471] TNA, MH12/3272, Sunderland, 1855-56, 2 April 1856 date stamped 3 May 1856.

guardians made remuneration in accordance with the advertisement, at £20 per annum with board and rations. It is not clear what status Sarah Stewart held at the Liverpool Royal Infirmary. The infirmary allowed members of a Liverpool nurse training organisation access to their wards to receive instruction.[472] So Stewart could have been either a trainee in the infirmary or a nurse who gave instruction. Either way there would be little difference between them, as trainees received limited training, and what existed had little value at that time.[473] Nevertheless, her experience at Liverpool Royal Infirmary would provide as good a grounding as that available at the time.[474] The guardians took the veracity of Stewart's claims at face value, although they would have known her character from the time she spent working at the Sunderland workhouse in earlier years. Despite all this, her tenure as a nurse at Sunderland was short. She resigned the following year. The guardians appear to have overlooked the request by the Poor Law Board for the reason of her resignation, so it is not known why she resigned.[475] However, the condition of the workhouse with lice, fleas, vermin and other insanitary conditions that came to light, shortly after Stewart left her post, might call Stewart's competency into question, but equally she may have lacked influence to effect improvements. The master controlled all matters relating to the workhouse, and the matron, who was usually his wife or close relation, managed the nurses, the cleaning and all domestic aspects of the workhouse, much like the role of housekeeper to servants.[476] It would appear that the guardians did not appreciate the shortcomings of the appointment process or of the operation of the workhouse and its infirmary.

Frustrated in their attempts to secure and retain a nurse, the Sunderland guardians abandoned their efforts to obtain a 'qualified' nurse and resorted to a tried and tested source of nurses. They appointed Jane Carney, an inmate of the workhouse. Carney had previously acted as an assistant pauper nurse and to formalize her post as a paid nurse the guardians passed a resolution to remove her from the relief list. They appointed her as nurse to the female wards of the hospital at £10 per annum, with £6 retained for the maintenance of her children and the remaining £4 for the purchase of her own clothing.[477] So in order to secure a long-term nurse the Sunderland guardians had to

[472] Hodgkinson, *The Origins of the National Health Service,* p. 557.
[473] Hodgkinson, *The Origins of the National Health Service,* pp. 557-558.
[474] Rhodes, 'Women in Medicine, Doctors and Nurses', pp. 167-168.
[475] TNA, MH12/3273, Sunderland, 1857-59, 11 August 1857, Letter from Poor Law Board requesting reason for Stewart's resignation.
[476] Crowther, *The Workhouse System 1834-1929,* p. 165; *Newcastle Courant,* 14 April 1843, p. 1, c.1, advertisement for a man and his wife as master and matron of Sunderland union. The master at the time of Sarah Stewart's appointment as nurse was Joseph Hart and the matron was his sister Sarah Hart. Their predecessors were Alexander and Ann Baity who were man and wife.
[477] TNA, MH12/3273, Sunderland 1857-59, 6 May 1858.

return to the old system of pauper nurses, only this time with a modest salary. With her children housed and fed and with £4 for clothing Carney was probably marginally better off. More importantly she was no longer identified as a pauper with its resultant loss of status. The Poor Law Board, however, did not sanction the appointment, on the grounds that the union could not maintain the children in the workhouse at the expense of the poor rates. They further advised that the guardians should increase the salary and obtain the services of an experienced nurse.[478] The guardians did increase the salary from £10 to £20 per annum, but this was for Jane Carney with her children removed from the workhouse rather than for an experienced nurse.[479] The Poor Law Board approved the appointment subject to a three-month appraisal and to Carney being certified as competent by the medical officer, Charles Nattrass.[480] The Sunderland union had at last secured a long-term nurse, albeit after three years' service Carney proved unreliable.

Expectations of nurses, and especially pauper nurses, did not rank high in the public sphere. Hodgkinson claims that it was the nurses who brought abuse to the workhouse infirmary. She describes them as 'shiftless and idle', untrained, illiterate and no help to the medical officer. She claims nurses frequently stole medicines and extras and that they were often drunk on the alcohol and spirits prescribed by the medical officers. Hodgkinson concludes that nurses had a serious effect on workhouse morals and were responsible for cross-infection in the wards.[481] Crowther explains this criticism by accounts of the conditions that nurses endured, including heavy labour, long hours, shared sleeping arrangements with patients, constantly on call, without family and without status. Their only pleasure came from within their environment.[482] Carney's life as a nurse in the workhouse would have proved difficult, especially in the 1850s, without formal training and little support. Following a report by the master of the workhouse three years after her appointment, the Sunderland guardians undertook an investigation into Carney's behaviour. Inmates of the workhouse confirmed the master's account that Carney kept the porter and wine prescribed by the medical officer for the patients under her charge.[483] This and evidence of other problematic nurses

[478] TNA, MH12/3273, Sunderland, 1857-59, 10 May 1858; *Ninth Annual Report of the Poor Law Board 1856* (London: HMSO, 1857), p. 19, The report contains a letter to all guardians from the Poor Law Board explaining why children could not reside in the workhouse with the exception of the master and matron who were usually a married couple.
[479] TNA, MH12/3273, Sunderland, 1857-59, 27 May 1858.
[480] TNA, MH12/3273, Sunderland, 1857-59, 13 September 1858.
[481] Hodgkinson, *The Origins of the National Health Service,* p. 169.
[482] Crowther, *The Workhouse System 1834-1929,* pp. 165-166.
[483] TNA, MH12/3274, Sunderland, 1860-62, 22 July 1861 report received 31 July 1861.

in the Sunderland union seems to support Hodgkinson's view.[484] Carney had slightly more freedoms than related here, with leave granted to her by the master. She also received certificated approval from the medical officer and gave three years of service without complaint, so she does not entirely fit Hodgkinson's 'shiftless and idle' characterisation of nurses. Nevertheless, she had a drink problem, along with reports that she took opium obtained from outside the workhouse.[485] The matter, did not merit newspaper coverage, which suggests Carney's behaviour was nothing more than that expected of a former pauper employed as a nurse in the workhouse hospital. The press only reported two items from the guardians' meeting that dealt with the removal and replacement of Carney, the resignation of the insane ward attendant, John Duffy, because of his additional appointment as nurse on the male ward of the hospital without a salary increase, and the appointment of Mrs Batey who 'would take the entire management of the hospital' assisted by inmates of the workhouse.[486] There was no reference to the resignation of nurse Carney, despite the fact Mrs Batey took over her role. Reporting the resignation of a former pauper clearly did not warrant newspaper print. Workhouse nurses in the Durham unions rarely featured in newspaper reports. Even in 1877, when guardians suspended a Sunderland nurse for 'serious ill use' of two children, the press only provided an anodyne account of her resignation.[487] The Poor Law Board suggested the guardians might like to consider prosecuting Carney, but they declined.[488] The guardians did not say if a lack of evidence influenced their decision but given that most of the testimony came from pauper inmates, they probably decided that the case lacked credibility in a court of law. The guardians had terminated the pauper status of Carney by a board resolution and appointed her as a nurse, from which they received three-years of service. They may have preferred to acknowledge that service and at the same time avoid any potential embarrassment to themselves from having appointed a pauper inmate as a paid nurse.

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[484] TNA, MH12/3276, Sunderland, 1870-71, 1 June 1870, Jane Stafford an assistant nurse was allowed leave of absence for a few hours and did not return until the following day in a state of intoxication. The master of the workhouse had previously cautioned her for similar behaviour. The guardians dismissed her on 26 May 1870; MH12/3278, Sunderland, 1873, 28 June & 14 July 1873, Guardians appointed Sarah Ann Mason as night nurse from 15 May 1873. She resigned on 28 June 1873 after admitting buying extras from sick patients that the medical officer had ordered and of inducing a warden in another ward to do the same; MH12/3281, Sunderland, 1877, 8 December 1877, Guardians asked Margaret Harling, an infants' nurse, to resign for ill treatment of the children.

[485] TNA, MH12/3274, Sunderland, 1860-62, 22 July 1861.

[486] 'Sunderland Board of Guardians', *The Daily Chronicle and Northern Counties Advertiser,* 8 August 1861, p. 2, c. 4, Mrs Baity was a former matron of the workhouse. The newspaper spelled her surname Batey but elsewhere Baity.

[487] TNA, MH12/3281, Sunderland, 1877, 9 November 1877; *Sunderland Daily Echo & Shipping Gazette,* 7 December 1877, p. 4, col. 1.

[488] TNA, MH12/3274, Sunderland, 1860-62, 9 August 1861 & 11 September 1861.

Sunderland's next appointment proved long lasting and served to demonstrate to guardians the value of reliable and competent nursing provision. Even so, it is difficult to understand why the guardians paid £20 per annum to Carney, a former pauper, but only £16 to Ann Baity, a 46-year-old widow and former matron, who replaced Carney, especially as Baity undertook the role without the aid of a paid nursing assistant.[489] The guardians responded to a Poor Law Board query on the disparity, remarking that they considered the sum awarded sufficient remuneration for the duties assigned.[490] It seems likely that the cost-conscious guardians may have regretted the coercion of the Poor Law Board into awarding a higher salary to Carney than they had initially determined and saw Baity's appointment as an opportunity to redress the situation. Nevertheless, in 1862, after difficulty finding a suitable assistant nurse, the guardians decided to increase Baity's salary to £20 per annum.[491] On her retirement the guardians awarded her a superannuated allowance of £29 per annum in appreciation of her services.[492] The guardians' early negative experiences appointing nurses seems to have generated caution by the time of Baity's appointment. As matron of the workhouse the guardians paid Baity £20 per annum for which she oversaw the work of the workhouse nurses, all untrained and unpaid pauper nurses.[493] The central authorities required guardians to appoint 'trustworthy' matrons and as the nineteenth century progressed they also had to have a nursing qualification.[494] The reluctance of guardians to have confidence in Baity as a nurse at the time of her appointment suggests they were not familiar with her characteristics and qualities, nor the extent to which she fulfilled her role as matron. Given her performance as a nurse it is unlikely that she performed any less well as matron, overseeing the female paupers of the workhouse. The master of the workhouse received a salary of £50 per annum and undertook all reporting to the guardians.[495] It is unlikely that he reported the work of the matron, especially if her operations ran smoothly. Certainly, in her nursing capacity, Baity proved to be a sound appointment, despite her lack of nurse training, and served as head nurse until 1873 when she retired on grounds of ill health.[496] At the time of her appointment workhouse infirmaries employed few trained nurses with most attracted to the voluntary hospitals.[497] During the period of her tenure, both the central

[489] TNA, MH12/3274, Sunderland, 1860-62, 15 September 1860.
[490] TNA, MH12/3274, Sunderland, 1860-62, 30 August 1861, query by Poor Law Board; MH12/3274, Sunderland, 1860-62, 11 September 1861, response by guardians.
[491] TNA, MH12/3274, Sunderland, 1860-62, 10 March 1862, the guardians appointed Catherine Ferguson as assistant nurse, but she resigned 2 months later; 2 September 1862, the guardians still had difficulty finding a replacement.
[492] TNA, MH12/3278, Sunderland, 1873, 13 February 1873, the Local Government Board sanctioned the allowance of £29 per annum on Baity's retirement.
[493] *Durham Chronicle,* 14 April 1843, p. 2, col. 1.
[494] Crowther, *The Workhouse System 1834-1929,* p. 117.
[495] *Durham Chronicle,* 14 April 1843, p. 2, col. 1.
[496] TNA, MH12/3278, Sunderland, 1873, 13 February 1873.
[497] Price, *Medical Negligence in Victorian Britain*, pp. 124-125.

authorities and local decision makers, especially guardians of large unions, began to recognize the value of trained, experienced and reliable nurses.[498] However, provincial unions continued to experience difficulties appointing trained nurses. Despite Baity's lack of nursing qualifications the guardians clearly valued her contribution to the workhouse infirmary. They promoted her to head nurse and increased her salary in recognition of 'the performance of the duties of her office'.[499] On her retirement in 1873, they replaced her with a fully trained and experienced nurse, acknowledgement of the importance of her role, especially as head nurse.[500]

Poor law nursing after 1870

Although the central authorities discouraged the use of pauper nurses, they appeared reluctant to provide the necessary information and powers to local bodies to resolve the nursing problem. Despite the successful development of nurse training programmes in most London unions following the 1867 Metropolitan Act, the central authorities did not suggest that the Sunderland guardians could establish their own nurse training scheme in line with the epidemiological society's proposals. An influential poor law medical reformer, Dr. Rumsey, proved more persuasive to the central authorities. Rumsey opposed the attempts by the Epidemiological Society to train nurses in workhouses in the 1850s and 1860s. He argued that the promoters of the scheme did not appreciate that the women in the workhouse, who they would be training, had bad habits and low morals. Rumsey considered a better class of women would make better nurses for the poor. It is clear, from the advice given to the Sunderland union, that Rumsey influenced the Poor Law Board. Although Rumsey promoted the development of local training institutions in all towns to meet local demand for nurses, few training institutions existed in provincial towns and an undertaking such as Rumsey promoted lacked a well-funded infrastructure to oversee its implementation.[501] Significantly, William Rathbone worked with Florence Nightingale to install twelve trained nurses in the Liverpool workhouse alongside untrained nurses in 1865, a model that was later adopted by the Sunderland guardians.[502] However, the Poor Law Board made no mention of this scheme to the Sunderland guardians in 1867. Of those nurses trained elsewhere, no inducement existed to encourage nurses to work for poor law unions, especially as guardians paid lower salaries than the voluntary hospitals

[498] *Eighteenth Annual Report of The Poor Law Board, 1865-66* (London: HMSO, 1866), p. 16 & Appendix No. 2, p. 24.
[499] TNA, MH12/3274, Sunderland, 1860-62, 8 November 1862.
[500] TNA, MH12/3278, Sunderland, 1873, 7 March 1873.
[501] Hodgkinson, *The Origins of the National Health Service,* p. 286; Flinn, 'Medical Services under the New Poor Law', p.52.
[502] Peter Higginbotham, 'Liverpool, Lancashire', <http://www.workhouses.org.uk/Liverpool/>, [accessed 8 June 2020]; *Provincial Workhouses,* (House of Lords, 28 November 1867), p. 112.

and offered poor quality living quarters.[503] Nevertheless, the Sunderland guardians continued to increase the number of nursing positions throughout the 1870s and 1880s, appointing older women without formal training, some with experience and most of 'good character'. As discussed earlier, some appointments proved unsatisfactory. Although the Sunderland guardians appreciated the need for more and better qualified nurses, no clear policy for meeting the demands of poor law nursing existed in the 1870s and 1880s. As White notes the policy evolved 'in a rather haphazard fashion'.[504]

Nurse Training in the 1890s

Despite the lack of guidance from the central authorities on nursing the Sunderland guardians clearly had cognizance of developments elsewhere, especially in London and Liverpool and the Workhouse Infirmary Nursing Association. In the early 1890s the Sunderland union featured in the forefront of poor law nursing developments when they began operating a nurse training programme. Even as late as 1894 a parliamentary report described nursing as a 'tedious duty', and the work 'extremely uninteresting'.[505] Views of nursing expressed in parliament in this way did not serve the cause of nursing as a profession. Nevertheless, nurse training had made significant advances by the 1890s and included more medical education delivered by doctors.[506] There were more training institutions, a greater availability of trained nurses and nursing became increasingly viewed as a suitable role for a wider range of women.[507] Workhouse hospitals continued to have a high turnover of nurses, usually resulting from marriage or progression to a more lucrative post. Nursing presented more work opportunities for women with career progression, although it still had a low status in the nineteenth century.[508] Nevertheless, a survey undertaken by the *Lancet* of fifty English poor law infirmaries in the 1890s found only four training schemes comparable with those of the voluntary hospitals.[509] The Sunderland training scheme operated before the Local Government Board issued the 1897 nursing order that provided recognition of poor law nurse training schemes. The union established a system of regularly appointing probationary nurses to undertake a three-year nurse training course, after which successful students received a certificate of nursing. Successful candidates then applied for vacant nursing posts and the union took on another probationary nurse for training. Three probationary nurses underwent training at any one time in the workhouse

[503] Crowther, *The Workhouse System 1834-1929,* p. 176.
[504] White, *Social Change and The Development of the Nursing Profession,* p. 41.
[505] *Twenty-Third Annual Report of the Local Government Board, 1893-94* (London: HMSO, 1894), Appendix B, p. 101.
[506] Rhodes, 'Women in Medicine, Doctors and Nurses, 1850-1920', p. 172.
[507] Rhodes, 'Women in Medicine, Doctors and Nurses, 1850-1920', pp. 171-172.
[508] Steven Cherry, *Medical services and the hospitals in Britain, 1860-1939* (Cambridge: Cambridge University Press, 1996), p. 34.
[509] Cherry, *Medical services and the hospitals in Britain,* p. 36.

hospital on a rolling basis. As one nurse completed her qualification the guardians appointed another on probationary terms. When the Local Government Board published their 1897 nursing order the Sunderland guardians submitted an application for recognition as a nurse training establishment.[510] Trainee nurses studied both theoretical and practical elements of the training programme.[511] A union medical officer delivered the theoretical training with the practical elements supported by both the medical officer and the superintendent nurse.[512] At the end of three years, trainee nurses took a written examination, along with an assessment made by both a union medical officer and an independent medical practitioner. Successful candidates received a certificate that affirmed their qualification and status as a superintendent nurse. On 17 March 1898, the Local Government Board formally approved the Sunderland workhouse infirmary as a recognised nurse training establishment.

Although the Sunderland training scheme operated as a continuous process, the creation of a sufficient supply of qualified nurses to meet demand was slow. However, other large unions in the North-East conducted nurse training programmes, including Newcastle and South Shields.[513] Other unions benefited from these nurse training programmes, which gave increased access to a supply of trained nurses, although demand for trained nurses continued to exceed supply well into the twentieth century.[514] The nursing order allowed unions to appoint a trained nurse on a temporary basis at times of epidemics. This was especially useful for rural unions and those with outlying rural districts and provided a workable financial option for nursing at times of most need. The Auckland guardians pursued this option when typhoid was epidemic in the Bishop Auckland district of the union in 1896. They employed a trained nurse on a temporary basis from the Sunderland nursing institute, at £2 per annum. She worked as a district nurse under the direction of the district medical officer.[515] It seems that the model proposed by Rumsey in the 1860s of local nurse training to meet local demand developed in the 1890s, managed and funded through the poor law unions.

Prospective nurses valued the nurse training programmes of poor law unions. An example serves to illustrate the early development of the Sunderland training programme and its worth. Mary Ray

[510] TNA, MH12/3302, Sunderland, 1897-98, 10 September 1897.
[511] TNA, MH12/3302, Sunderland, 1897-98, 28 September 1897 & 11 October 1897.
[512] TNA, MH12/3302, Sunderland, 1897-98, the theoretical training covered eight key areas, anatomy, physiology, medicine, surgery, children's diseases and feeding, fever, midwifery and dispensing. In the practical sessions probationers gained experience in all departments of the hospital including the fever and maternity wards. Classes were held and experience gained in bandaging, splints, instruments and dispensing.
[513] *Thirty-Sixth Annual Report of the Local Government Board 1906-7* (London: HMSO, 1907), p. 345.
[514] Cherry, *Medical services and the hospitals in Britain,* p. 35, Table 3.2.
[515] TNA, MH12/2958, Auckland, 1895-96, 3 December 1896.

worked for a year at the Sunderland eye infirmary, a voluntary hospital, before resigning to take up training as a nurse at Sunderland Workhouse infirmary. On completion of her training in 1895, she obtained employment at the South Shields union, two years before the Local Government Board nursing order, which endorsed nursing qualifications in approved workhouse hospitals.[516] Ray's transfer from a voluntary hospital to a workhouse facility suggests that the Sunderland union had an innovative and valued training programme for nurses. It also questions the contemporary views that nursing care in the voluntary hospitals was better than the workhouse hospitals, although there was an aversion to employment as a nurse in the workhouse.[517] Ritch also found that the quality of nursing care in the Birmingham and Wolverhampton workhouses contradicts the view that the voluntary hospitals provided better nursing.[518] The endeavours to improve workhouse nursing since the 1860s came to fruition in the 1890s, with a significant increase in trained nurses and improved conditions, especially in the large urban unions.[519] According to Cherry the average voluntary hospital nurse received an annual salary of £17 plus maintenance for a 70-hour week in 1901, a rate well below most nurses in the Sunderland workhouse hospital in 1897/98. The Sunderland union paid £50 per annum for a superintendent nurse, £30 per annum for a regular nurse and £16 per annum rising to £20 per annum for a probationary nurse. Negrine also found that the Leicester union paid significantly higher rates than those quoted by Cherry.[520] All nurses' remuneration included board and an additional £2 per annum for a uniform.[521] An article in the *British Medical Journal,* claimed that the northern workhouses were 'far ahead' of the South of England in the introduction of higher standards in the training of nurses.[522] Inspector Lowry of the Local Government Board singled out Sunderland union for special mention, when he included the external examiners' favourable comments on the union's nurse training programme in his parliamentary report.[523] This evidence demonstrates the impact that poor law nursing had on the development of nursing as a profession. Nevertheless, the Durham unions continued to appoint nurses with doubtful credentials.

[516] TNA, MH12/3301, Sunderland, 1895-96, 3 October 1895; *1901 Census,* RG13/4739, 1.
[517] Price, *Medical Negligence in Victorian Britain*, p. 134.
[518] Alistair Edward Sutherland Ritch, 'Medical Care in the Workhouses in Birmingham and Wolverhampton, 1834-1914 (unpublished doctoral thesis, University of Birmingham, 2014), pp. 41-42.
[519] Price, *Medical Negligence in Victorian Britain*, p. 135.
[520] Angela Negrine, 'Medicine and Poverty: A Study of the Poor Law Medical Services of the Leicester Union, 1867-1914' (unpublished doctoral thesis, University of Leicester, 2008), pp. 113-114.
[521] TNA, MH12/3302, Sunderland, 1897-98, 18 August 1897, 4 November 1897 & 21 February 1898.
[522] Price, *Medical Negligence in Victorian Britain*, p. 129, quoting from 'Workhouse Nursing', *The British Medical Journal,* 1, 1934, (22 January 1898), p. 235.
[523] *Thirty-Sixth Annual Report of the Local Government Board 1906-7,* pp. 344-345.

The central authorities were flexible in the interpretation of their nursing order of 1897, when asked to sanction nursing appointments in marked contrast to the appointment of a medical officer after the introduction of the 1842 medical order. The Easington union appointed two nurses in 1900. The first was fully qualified having followed an approved training programme at Sheffield workhouse hospital.[524] The second nurse appointment, however, did not have the required qualifications according to the 1897 nursing order. Emma Elizabeth Willis had only completed one year of training in Runcorn before taking up an appointment as a nurse at the Gateshead union, where she worked for three years.[525] After protracted debate the Local Government Board approved the appointment on the basis of experience and a reference rather than a certified qualification. [526] Willis was probably a competent nurse, nevertheless, the Local Government Board chose to take a broad interpretation of their own orders without requiring a dispensation. With a medical officer's appointment, the Local Government Board would have required the guardians to at least make a special resolution, specifying why the qualifications of a medical officer did not meet the necessary requirements.[527] Clearly, the central authorities did not apply the same rigour and respect to nurse appointments, so even by 1900 the professionalisation of nurses had some way to go.

Conclusions

This chapter has demonstrated the growing importance of medical services, including both medical and nursing care, in the operation of the New Poor Law in County Durham. Given that medical services did not feature in the 1834 Poor Law Act, this finding supports Flinn's claim that the development of medical services represented a remarkable outcome of the New Poor Law.[528] It has also shown that the changes introduced by the 1842 Medical Order better suited Durham's urban unions rather than its rural unions and that the physical and socio-economic character of a district played a more important part than a rural/industrial or a north/south divide. Nevertheless, the lack of recognition of Scottish qualifications, meant that many otherwise competent northern practitioners could not hold permanent posts. This would have deterred some from taking up the

[524] TNA, MH12/3065, Easington, 1900-01, 16 July 1900, Martha Watts Foster commenced 23 June 1900.
[525] TNA, MH12/3065, Easington, 1900-01, 27 November 1900, Emma Willis commenced 19 November 1900.
[526] TNA, MH12/3065, Easington, 1900-01, 1 December 1900, contains Willis' reference from the Gateshead union with the Local Government Board's notes of 4, 6, 8 & 10 December 1900 added, which illustrates the debate they had on Willis' lack of a nursing qualification. They note that she had a good reference from the Gateshead union and despite receiving no formal training at Gateshead the Local Government Board reasoned training did not have to take place in one establishment. The Board concluded that they need only approve the appointment without the need for any dispensation.
[527] *Eighth Annual Report of the Poor Law Commissioners*, Appendix A, pp. 75-78, Article 4 of the order requires guardians to pass the necessary resolution. There was no such requirement in the nursing order of 1897 which had fewer articles and was much less restrictive. The medical order of 1842 contained 19 articles and over 3,000 words, whereas the nursing order contained 6 articles and less than 1,000 words.
[528] Flinn, 'Medical Services under the New Poor Law', p. 48.

role of poor law medical officer. In addition, the Durham unions had to repeatedly advertise and issue temporary contracts for medical officers on an annual basis. The chapter also demonstrated how Durham's rural unions had to constantly pass resolutions explaining why their arrangements did not conform to a number of the commissioners' directives. The directives concerning population size, district size and the requirement for dual qualifications presented the greatest difficulties for Durham's rural unions. Shave found similar difficulties in southern counties of England.[529] While the central authorities showed flexibility in allowing noncompliance, they did not make any exemptions for the rural unions of Durham as they had in Wales. This permanent state of exception that rural unions, in Durham and elsewhere, had to contend with, confounds the idea of a universal New Poor Law.

The chapter has provided evidence to show that the Midland unions made twice as much expenditure on poor law medical provision as the Durham unions and the southern unions four times as much. The study has also shown that these differences prevailed to at least the end of the nineteenth century. However, the chapter has presented a possible explanation for these disparities. The alternative medical services available in the county, such as medical clubs and employer contribution, may account for the difference. The study has suggested that further investigation of these alternative medical services would usefully add to this chapter along with comparison of similar services in other regions of the country. This would make an excellent research topic and would provide some clarity on the differences between the regions in this study. The chapter also provided evidence to show that the medical officers' conditions of employment in the Durham unions had similar differences to those within other regions, with larger districts, greater populations and less salary to those in other parts of the country. Without further evidence it is difficult to know whether alternative medical services explain these differences.

By comparing medical officer conditions of work across the county the chapter has demonstrated that the guardians of the large urban unions paid higher salaries to their medical officers than both the mining and rural unions of the county, which reflected the larger populations that they served. Nevertheless, the chapter also demonstrated the determination of all the county's guardians to keep medical officer salaries low despite efforts by the central authorities to have them increased. The chapter also showed that salary levels in the north were lower than other regions. However, despite these differences in salary levels the medical profession as a whole considered that poor law medical

[529] Shave, *Pauper Policies,* pp. 216-217.

officers received inadequate levels of remuneration right across the country.[530] Hodgkinson even points to the wide variation in salaries within the same union, which cannot be explained by the amount of work performed.[531] These findings and varied opinions on the worth of poor law medical work raises the question of whether guardians should have had absolute freedom on setting salary levels or whether the central authorities should have provided common principles to guide and control salary levels to ensure a standard medical service across the country for the sick poor.

The chapter has shown the contrasting experiences of Durham's large urban unions and its rural unions in their efforts to obtain and keep nursing staff. The chapter has also demonstrated that the early efforts of the Sunderland union to progress the role of nursing in the care of sick paupers received inadequate advice from the central authorities. The study highlighted how the central authorities refused to support the Sunderland guardians when they removed inmates from the pauper list in the 1850s to provide paid employment for them as nurses in the workhouse. Clearly the central authorities maintained a preference for 'lady' nurses, despite their lack of availability. As White points out only 246 nurses existed in 1860 and in 1870 this only increased by 108 throughout the whole country.[532] The chapter also illustrated the difficulties faced by guardians to obtain qualified nurses to work in a poor law workhouse and how they had to rely on untrained older women. In addition, the chapter pointed to the lack of interest in the role of the nurse by the press and the central authorities, ignoring the poor behaviours of those nurses that guardians frequently had to resort to. In the rural unions of Durham, the chapter has demonstrated the difficulties they experienced providing nursing care and the limited range of options they had to secure a qualified nurse for any length of time. The evidence in this study supports White's claim that outdoor relief still retained a deterrent quality which discouraged district nursing.[533]

The chapter has demonstrated the Sunderland union's leading role in the development and provision of training for poor law nurses, which contributed to the long overdue recognition of the important role nursing played in the care of the sick. The chapter also pointed out the lack of realistic advice provided by the central authorities to guardians on matters relating to nursing and their belated action to institute a professional training programme for poor law nurses. The traditional desire of the central authorities to leave responsibility with local officials seems misplaced and to have outlived its usefulness when applied to the development of a professional

[530] Price, *Medical Negligence in Victorian Britain,* p. 33.
[531] Hodgkinson, *The Origins of the National Health Service,* p. 388.
[532] White, *Social Change and The Development of the Nursing Profession,* p. 71.
[533] White, *Social Change and The Development of the Nursing Profession,* p. 123.

nursing service. This conclusion supports White's view that even as late as 1902 a persistent reaction against centralisation prevailed which led to the Departmental Committee on Nursing the Sick Poor in Workhouses to make no recommendation on the creation of a central service for poor law nursing. Instead, they left matters in the hands of local authorities.[534] It was not until 1919 with State Registration that nurses fell into the mainstream of education.

[534] White, *Social Change and The Development of the Nursing Profession,* pp. 102-103.

CHAPTER THREE

SMALLPOX VACCINATION

Durbach concludes that the 1840 Vaccination Act was 'a resounding failure' on the ground that most parents preferred traditional inoculators to the poor law vaccinators.[535] Lambert agrees that the Act failed in the first instance but attributes this to the law and the machinery.[536] This chapter agrees with Lambert and will argue that the administrative and operational procedures of County Durham's smallpox vaccination programme accounted for its failures, rather than the unwillingness of parents to have their children vaccinated. It will also show that the number of infants vaccinated in County Durham increased following improvements to these procedures from the 1870s. In order to analyse the development of this system, the chapter will scrutinize the regulatory and administrative issues that the Durham poor law unions and the local populations endured during the implementation and operation of the smallpox vaccination programme in the nineteenth century. To adequately demonstrate these points and to evaluate the later success of the programme in County Durham the chapter covers the period from 1840 to the end of the century. The period 1840 to 1871 saw the introduction of a national administrative system for the promotion of a state vaccination programme, with enforcement in 1853 and evaluation of systems and processes in the 1860s.[537] After 1871 new legislation and administrative processes led to increased uptake of vaccination in County Durham. The chapter makes an important contribution to the historiography of smallpox vaccination by providing a rare northern perspective on the response of parents to smallpox vaccination throughout these two periods.

The introduction of this thesis has already made reference to the lack of research on smallpox vaccination despite the fact its introduction represented the first free national health service. Two key points emerged from the analysis of the historiography. First, most studies have focused on the disease itself, or on the opposition to vaccination which has undermined our understanding of the programme.[538] Second, very few local studies exist, and those that do, cover relatively short time

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[535] Nadja Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907* (Durham, NC., and London: Duke University Press, 2005), p. 21`.
[536] R. J. Lambert, 'A Victorian National Health Service: State Vaccination 1855-71', *The Historical Journal,* 5, (1962), 1-18, p. 8.
[537] Lambert, 'A Victorian National Health Service: State Vaccination 1855-71', p. 1.
[538] Examples of antivaccination studies include Ann Beck, 'Issues in the Anti-Vaccination Movement in England', *Medical History,* 4, (1960), 310-21; Dorothy Porter & Roy Porter, 'The Politics of Prevention: Anti-vaccinationism and Public Health in Nineteenth-Century England', *Medical History,* 32, (1988), 231-252; Durbach, *Bodily Matters;* Examples of smallpox studies include C. W. Dixon, *Smallpox* (London: J. & A. Churchill, 1962); Ian Glynn and Jennifer Glynn, *The Life and Death of Smallpox* (London: Profile Books, 2004);

periods.[539] This research compares the findings in County Durham with these and national studies whenever appropriate.[540] With only a small handful of local studies on smallpox vaccination operations, this local and long-run study on County Durham provides a valuable addition to the historiography covering six decades from 1840 to the end of the nineteenth century. The study is also unrivalled in providing an insight into the different operational experiences of three contrasting unions, a large urban union, a rural union and a mining union, all located in a heavily industrialised region with rapid population expansion. This chapter, therefore, furthers our current understanding of the nineteenth century smallpox vaccination programme by contrasting the problems, challenges and achievements in different environments as well as different regions.

Each of the three different types of union in County Durham had to deal with and overcome a number of operational difficulties in order to deliver a successful vaccination programme that reduced smallpox mortality. These included the development of flexible procedures within a standardised national system to meet the needs of a diverse range of communities, the development of training programmes for public vaccinators to provide an effective and consistent vaccination technique and the development of standardized procedures, what we would today call quality assurance, to ensure effective vaccination. The following sections scrutinize the frustrations of guardians as responsible overseers of the system, the demands on public vaccinators to deliver a satisfactory service, and the experiences and responses of the general public to vaccination. Analysis of these issues reveals the systemic weaknesses of the first thirty years of the smallpox vaccination programme and exposes the shortcomings of legislative and administrative processes for the delivery of a successful vaccination programme at local level. The chapter will demonstrate that inadequate administrative systems at both local and national level resulted in the low uptake of smallpox vaccination in the first three decades of operation. It will also show that local efforts to

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Anne Hardy, *The Epidemic Streets, Infectious Disease and the Rise of Preventive Medicine 1856-1900* (Oxford: Clarendon Press, 1993), pp. 110-150.

[539] Local studies relating to the vaccination programme: J. R. Smith, *The Speckled Monster: Smallpox in England, 1670-1970, with Particular Reference to Essex* (Chelmsford: Essex Record Office, 1987); Ann Clark, 'Compliance with Infant Smallpox Vaccination: Hollingbourne, 1876-88', *Social History of Medicine,* 17, (2004), 175-198; Anne Hardy, 'Smallpox in London: Factors in the Decline of the Disease in the Nineteenth Century', *Medical History,* 27, (1983), 111-138; Graham Mooney, '"A Tissue of the Most Flagrant Anomalies": Smallpox Vaccination and the Centralization of Sanitary Administration in Nineteenth-Century London', *Medical History,* 41, (1997), 261-290; Linda Margaret Davies, 'The Conquest of Infant Mortality: The Case of Hemsworth 1871-1911' (unpublished doctoral thesis, The Open University, 2006).

[540] National studies of smallpox vaccination include Deborah Brunton, *The Politics of vaccination: practice and policy in England, Wales, Ireland and Scotland, 1800-1874* (Rochester: University of Rochester Press, 2008); Lambert, 'A Victorian National Health Service: State Vaccination 1855-71', pp. 1-18; Naomi Williams, 'The implementation of compulsory health legislation: Infant smallpox vaccination in England and Wales, 1840-1890', *Journal of Historical Geography,* 20, (1994), 396-412.

rectify the administrative processes were unattainable until medical expertise at national level exposed the shortcomings of the system and directed legislative change. The study will also reveal how the changes to legislation and the administrative processes in the 1870s led to increased uptake of vaccinations in the Durham unions.

Table 3.1: Number of vaccinations as a percentage of births in England and County Durham, 1852-59.

Year	% of all vaccinations to births in England	% reduction on base year 1854	% of all vaccinations to births in Co Durham	% reduction on base year 1854
1852	33.4		50.0	
1853	33.6		57.1	
1854	65.7		70.6	
1855	74.4	+13	65.2	-8
1856	64.1	-2	74.9	+6
1857	51.9	-21	61.3	-13
1858	52.0	-21	64.6	-8
1859	55.4	-16	59.0	-16

Sources: *Fifth to Twelfth Annual Reports of the Poor Law Board* (London, HMSO, 1853 to 1859), pp. 150, 193, 150, 180, 130, 247, & 288.

It is essential to state at the outset that vaccination alone could never eradicate smallpox. Although Simon, the Medical Officer of the Privy Council, claimed that vaccination gave lifelong immunity, other medical men claimed its effectiveness diminished over time. This meant that revaccination was necessary periodically to provide immunity. The effectiveness of smallpox vaccination remains unproven in the 21st century and since the disease's eradication in the 1970s it is now impossible to test what immunity the vaccination affords.[541] Nevertheless, we can safely say that vaccination was one tool alongside other preventive measures that facilitated the eradication of the disease.[542] The 1848 Public Health Act allowed the establishment of local boards of health to oversee sanitary improvements. These created healthier environments that reduced the incidence of disease. The establishment of the port sanitary authorities in 1872 prevented more virulent forms of smallpox from entering the country as well as limiting outbreaks of imported diseases such as cholera.[543] Collectively, these measures resulted in a major decline of the disease from the mid-1870s. Williams credited the 1853 Vaccination Act, which made vaccination compulsory for infants in their first three months of life, with the subsequent increase in infant vaccination across the country.[544] There is some merit in Williams's claim, with infant vaccinations across England higher after 1853 than before, but clearly obstacles remained as the increase was not sustained (Table 3.1). In both the national and Durham vaccinations the percentage reduction on the base year 1854, when

[541] Hardy, *The Epidemic Streets,* pp. 116-117.
[542] Hardy, *The Epidemic Streets,* p. 111.
[543] Hardy, 'Smallpox in London', pp. 126-130 & 138.
[544] Williams, 'The implementation of compulsory health legislation', p. 401.

compulsory vaccination came into effect, continued to the end of the decade (Table 3.1). The cause of the decline was most probably because the same administrative machinery, established in 1840, continued to operate, and once parental fear of compulsion receded the initial increase in vaccination uptake declined (Table 3.1).

Figure 3.1: Smallpox deaths per 1000 population over decennial periods, 1851-1901

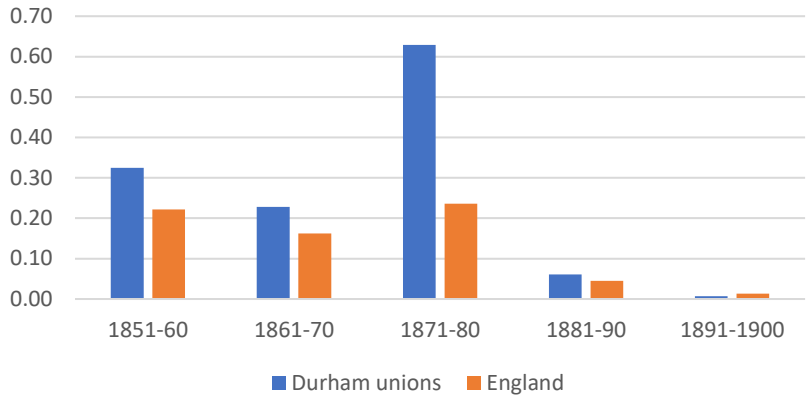
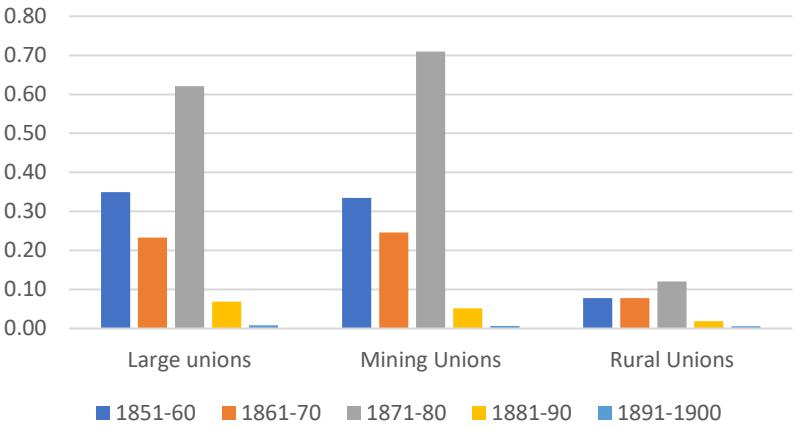


Figure 3.2: Smallpox deaths per 1000 population in Durham unions over decennial periods, 1851-1900



Sources for Figures 3.1 & 3.2: *Supplements to the 25th, 35th, 45th, 55th & 65th Annual Reports of the Registrar-General of Births, Deaths, and Marriages in England* (London: HMSO, 1864, 1874, 1885, 1895 & 1907), pp. 382-389, 386-395, 324-331, 639-652 & 641-655.

The deaths from smallpox in England reduced from 5.02 per 1000 of the population, in the period 1771-80 to 0.40 per 1000 in 1841-50.[545] However, smallpox deaths in the second half of the

[545] *Report of the Commissioners appointed to inquire respecting Smallpox and Fever Hospitals in the Metropolis* (London: HMSO, 1882), pp. vii & 320; Hardy, 'Smallpox in London', p.113. It is not clear in the commissioners' report whether these figures relate to England or London. However, Hardy's use of these figures suggest it was England. Nevertheless, the figures illustrate the prevailing trend.

nineteenth century varied, and County Durham fared worse than the average for England (Figure 3.1). Hardy suggests that the disease gained in virulence, which may have resulted from the increased movement of goods and population within and beyond Europe.[546] Dr Monk of the London Smallpox Hospital reported to commissioners in 1882 that 'each successive epidemic has become more severe and the mortality far greater'.[547] Harris provides another explanation for the slow-down in reducing smallpox mortality. He maintains that the spread of inoculation and vaccination contributed to the decline of mortality in the eighteenth and nineteenth centuries, but he suggests that increasing urbanisation may have slowed the rate of decline.[548] This research in County Durham supports both Hardy's and Harris's claims. The large towns of North Durham, Gateshead, South Shields and Sunderland, were all rapidly expanding port communities making them obvious points of entry for new strains of disease. In addition, these towns had an increasing number of deep coalmines with miners contracted under the bond system. This caused a regular interchange of miners and their families across the county and region that facilitated the spread of disease.[549] No doubt Williams had these communities in mind along with the port of Newcastle-upon-Tyne when she claimed that Durham and Northumberland along with London 'were the gateways of disease' in England.[550] Only the rural communities in County Durham had a smallpox mortality lower than the national average (Figures 3.1 & 3.2). This was typical of rural communities across England making migrants from rural to urban areas particularly vulnerable to smallpox due to a lack of prior exposure.[551] Nevertheless, the overall trend was towards a major decline of smallpox in the latter decades of the nineteenth century. This chapter demonstrates the contribution made by vaccination to the decline of smallpox in the Durham unions in the second half of the nineteenth century. Figure 3.1 shows a significant decrease in smallpox mortality in the Durham unions in the 1880s leading to its virtual elimination in the early twentieth century.

The effectiveness of smallpox vaccination depended on the skills and abilities of the vaccinator. The Vaccination Act did not specify any particular qualifications to be a public vaccinator, largely because

[546] Hardy, 'Smallpox in London', p. 113.
[547] *Report of Commissioners on Smallpox in the Metropolis,* (1882), p. 261.
[548] Bernard Harris, *The Origins of the British Welfare State: Society, State and Social Welfare in England and Wales, 1800-1945* (Basingstoke: Palgrave macmillan,2004), p.123.
[549] Graham A. Butler, 'Disease, Medicine and the Urban Poor in Newcastle-upon-Tyne, c. 1750-1850' (unpublished doctoral thesis, Newcastle University, 2012), p. 66; The National Archives (TNA), MH12/3339, Weardale, 1875-76, 30 April 1875, the medical officer of health for Tow Law reported a six-year-old child moved from Dipton in the Lanchester union to Tow Law with smallpox & a further case of smallpox was imported from another part of the county in 1876.
[550] Williams, 'The implementation of compulsory health legislation', p. 408.
[551] Romola Jane Davenport, Max Satchell & Leigh Matthew William Shaw-Taylor, 'The geography of smallpox in England before vaccination: A conundrum resolved', *Social Science & Medicine,* 206, (2018), 75-85, p. 76.

no agreed definition existed of what constituted a qualified medical man, nor what skills a public vaccinator should possess. The Act required Poor Law guardians to appoint medical practitioners as vaccinators, although at the time no clear definition of a 'medical practitioner' existed. In line with most unions across the country, the Durham unions appointed their medical officers as public vaccinators including Sunderland, Chester-le-Street and Weardale.[552] This was a consequence of parliament awarding responsibility for the operation of the 1840 Act to the Poor Law unions, under the supervision of the Poor Law Commissioners, despite strong objections from medical bodies. The Act also made no stipulation on who could and who could not vaccinate. Consequently, a wide range of private vaccinators continued to operate alongside public vaccinators across the country. In Westmorland 'ignorant and unqualified persons, old women and itinerant quacks' practised inoculation.[553] Clark reports that '78 other practitioners vaccinated Hollingbourne-born infants', although she does not indicate what the status of the vaccinators were.[554] In County Durham a wide range of practitioners continued to vaccinate. In 1841 Ralph Linton, a public vaccinator for the Chester-le-Street union, commented that 'so long as midwives and unlicensed practitioners, barbers, parish clerks, quacks and old women are allowed to vaccinate, … smallpox in my opinion will from time to time make its appearance'.[555] Almost twenty years later, John Simon, Medical Officer of the Privy Council, complained that unqualified vaccinators continued to operate in England.[556] Despite the Public Health Act of 1858, which established a medical register of qualified practitioners, there was no amendment made to the Vaccination Act prescribing the necessary qualifications to be a public or private vaccinator.

One challenge to vaccination was the competition from inoculation. Medical opinion increasingly favoured vaccination, but as late as 1840 the local press in the North-East reported that prejudice in favour of inoculation prevailed in the North-East especially 'among the lower orders'.[557] The Devon press also reported prejudice in favour of inoculation. Following an outbreak of smallpox in 1828, the magistrates there determined to have all of the poor children vaccinated or inoculated, with the option for parents to choose the method they preferred. In one Devon parish over eighty percent of

[552] Ruth G. Hodgkinson, *The Origins of the National Health Service* (London: The Wellcome Historical Medical Library, 1967), p. 28; Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 270; Clark, 'Compliance with Infant Smallpox Vaccination Legislation in Hollingbourne', p. 53; TNA, MH12/3268, Sunderland, 1834-42, 20 Jan 1841; TNA, MH12/2968, Chester-le-Street, 1836-45, 18 Sept 1840; TNA, MH12/3333, Weardale, 1834-42, 2 Jan 1841.
[553] *Westmorland Gazette,* 12 Dec 1840, p. 4, c. 3.
[554] Clark, 'Compliance with Infant Smallpox Vaccination Legislation in Hollingbourne', p. 195.
[555] TNA, MH12/2968, Chester-le-Street, 1836-45, 28 Jun 1841, response to a questionnaire from the poor law commissioners.
[556] *Second Report of the Medical Officer of the Privy Council* (London: HMSO, 1859), p. 4.
[557] *Newcastle Courant,* 26 Jun 1840, p.2, col. 3.

the children opted for inoculation. In another the ratio was twenty to one in favour of inoculation.[558] In the eighteenth century unqualified medical men inoculated people to provide protection against smallpox. Inoculation was simple and cheap to administer and by 1840 had a long tradition. A range of amateurs including 'blacksmiths, farriers, tradesmen and women', as well as 'qualified' medical practitioners, were able to administer the treatment.[559] Deliberate infection by inoculation carried obvious dangers, nevertheless, parishes officers, under the Old Poor Law, paid for inoculation to protect the poor from the 1760s, especially at times of epidemic.[560] However, following the discovery of vaccination in 1796 there were differences of opinion on which was the most effective method, variolous inoculation or cowpox vaccination. By the time of the 1840 Vaccination Act generations of families had established relationships with orthodox and unorthodox medical practitioners, for both inoculation and other medical treatments, a practice that was widespread amongst the working classes. This is one of the reasons that Creighton ascribes to the reluctance of the working classes to adopt vaccination, inoculation being the method traditionally available from familiar and trusted members of their own class.[561] Even as late as 1841, when vaccination became a more accepted method of protection and a comprehensive national vaccination system was in place, the trusted traditional practitioner, was often preferred.

In Durham, like elsewhere, the use of the 'trusted practitioner' could have unwanted consequences. A number of medical remedies, developed in the eighteenth century, continued in use throughout the nineteenth century. Both reputable and amateur medical practitioners produced these medications, such as James' Powder and Morison's Paste, and nationwide advertising made them household names.[562] People had no means of differentiating between qualified and unqualified practitioners so they resorted to the familiar and what they could afford. Physicians were too expensive for most people and the medical knowledge of 'qualified practitioners' was not necessarily any better than that of the unqualified. In 1834 the *Durham Chronicle* reported the indictment of Joseph Webb, an innkeeper and unlicensed medical man, for the manslaughter of 20-year-old Richard Richardson, after administering Morison's Pills for the treatment of smallpox.[563] Webb was found guilty and sentenced to six months in gaol, despite seven hundred people petitioning for mercy in a memorial.[564] The relatively low number of medical practitioners in the

[558] *North Devon Journal,* 8 May 1828, p. 4, col. 3-4.
[559] Charles Creighton, *A History of Epidemics in Britain*, *Volume II* (Cambridge: University Press, 1894), p. 589.
[560] Joan Lane, *A Social History of Medicine, Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 33.
[561] Creighton, *A History of Epidemics in Britain*, p. 589.
[562] Lane, *A Social History of Medicine,* p. 162.
[563] *Yorkshire Gazette,* 5 July 1834, p. 4, col. 2.
[564] *Durham Chronicle,* 25 Jul 1834, p. 2, col. 3.

North of England, as related in chapter two, probably meant large numbers of people relied on these sources of medical treatment.

The association of vaccination with poor relief created a number of difficulties for uptake and operation of the vaccination programme. The public smallpox vaccination programme was free for all members of the population from its introduction in 1840, but infants, not already vaccinated, were the largest target group. The 1841 Vaccination Extension Act required guardians to use poor rates to cover the costs of vaccination. This created a fiscal anomaly between the demands of the Poor Law Act and those of the Vaccination Act and the cost to ratepayers. The purpose of the 1834 Poor Law Act was to lower the cost of poor relief, so guardians were motivated to minimise expenditure to keep poor rates down. Nevertheless, guardians had to avoid the implication that vaccination was parochial relief, given the legal consequences of forfeiting voting rights and social judgements that were attached to accepting relief.[565] If cost conscious guardians designated relief stations as vaccination stations, then the premises acted as a physical association of vaccination with poor relief.

Responsibility for the determination of vaccination stations lay with the guardians. In the widespread districts of Weardale the public vaccinators used a number of dispersed national schools as well as their surgeries and in 1853 the Chester-le-Street vaccinators used inns and a number of private residences, with notices posted listing the times and places of the public vaccinators attendance.[566] In 1841 the Sunderland vaccinators used their own surgeries in their own parishes and other premises in other parishes, although it is not clear whether poor law activities took place in the other premises.[567] This contrasted with Mooney's findings in London where the St Giles guardians designated the workhouse as a vaccination station. Mooney states that the St Giles public vaccinator was also the workhouse medical officer, and he often timed his vaccination sessions to coincide with his treatment of sick paupers.[568] Practices such as these did not encourage non-pauper citizens to avail themselves of the public vaccination service. Nevertheless, the practice seems to have been widespread because Brunton also found that many unions used the workhouse as a vaccination station. However, she also found that when the guardians received parental objections, because of the connection with pauperism, they moved them to the vaccinators' surgeries.[569] This

[565] *Seventh Annual Report of the Poor Law Commissioners* (London: HMSO, 1841), p. 100.
[566] TNA, MH12/3333, Weardale, 1834-42, 2 Jan 1841; TNA, MH12/2970, Chester-le-Street, 1852-55, 21 Oct 1853.
[567] TNA, MH12/3268, Sunderland, 1834-42, 20 Jan 1841.
[568] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 274.
[569] Brunton, *The Politics of Vaccination,* p. 33.

research has not identified any union in County Durham that used the workhouse as a vaccination station, which probably contributed to the higher uptake of vaccination in the county compared to that for England.

The rural districts of the Durham unions experienced other difficulties siting and operating vaccination stations to facilitate uptake of infant vaccination. The use of vaccinators' surgeries was not always possible, especially in those areas with no resident vaccinator, such as the Derwent district in Weardale.[570] Even if there was a resident vaccinator in the district the distances were daunting for some families. But it was not only rural districts that experienced distance problems. Mooney also found a number of vaccination stations in London that required families to travel over long distances.[571] To alleviate these travel distances for families, vaccinators often resorted to home vaccination, a practice favoured in the outlying districts of the Durham unions as well as in London.[572] Because of the difficulty in obtaining fresh lymph the central authorities did not approve of these arrangements. Ironically, Mooney found too many vaccination stations operated in London. He calculated an average attendance of 'less than one child at each station on each vaccinating day'.[573] So, the acquisition of fresh lymph must have presented problems at these London vaccination stations. The evidence provided here suggests that a number of vaccination practices operated across the country that would not gain approval from the central authorities, but the public vaccinators probably adapted their approved schedules to suit local circumstances.

It is important to point out that guardians had to draw up separate contracts for public vaccinators and their medical officers, regardless of who they employed in each role. This was because the two systems, vaccination and poor relief, operated under separate unrelated Acts of parliament. The guardians also had to make adequate payment to the public vaccinators to ensure their commitment to provide a continuous quality vaccination service. The poor law commissioners recommended that guardians should pay 1s 6d for each successful vaccination and that these fees must not form part of the remuneration for medical poor relief.[574] However, in their anxiety to limit costs guardians in County Durham did not always adhere to the recommendations of commissioners. There is very little evidence in other vaccination studies on the fees paid by unions, so it is impossible to know at

[570] TNA, MH12/3337, Weardale, 1862-Jul1871, 24 Mar 1866, Dr Renton, appointed as medical officer and public vaccinator, resided in the neighbouring union.
[571] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 274.
[572] TNA, MH12/2994, Darlington, 1857-59, 18 May 1858; TNA, MH12/3335, Weardale, 1849-55, 2 Nov 1853; Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 275.
[573] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 275.
[574] *Seventh Annual Report of the Poor Law Commissioners,* p. 30 & p. 91.

present if Durham was typical or not in this regard. Chapter two remarked on the low salaries of medical officers in the northern unions. The same parsimony continued with vaccination fees in the Durham unions. In 1843 the Chester-le-Street guardians reduced their medical officers' salaries on the grounds that their vaccination fees, of 1s per successful vaccination, compensated for the decrease. The commissioners had to remind the guardians that the public vaccinator performed a role independent of the medical officer and that they should not take into account the vaccination fees earned when determining the salary levels of their medical officers.[575] The Sunderland guardians were equally parsimonious with their vaccinators. Dr Torbock, a medical officer in the Sunderland union, received 1s per successful vaccination.[576] He considered that 'the provision of the Vaccination Act will not be carried out unless a sufficient remuneration be given to the vaccinator' and to this end he considered 2s 6d for each successful case sufficient to 'induce the vaccinator to go from house to house'.[577] Various medical societies across the country recommended 2s 6d for each vaccination, a figure widely published in medical journals.[578] Torbock was probably aware of this recommended fee. Brunton also found that some unions 'lived up to their penny-pinching reputation' and went to tender, while others paid as little as 6d per vaccination including Stockport, Battle and Whitechapel. Even so, she found most unions paid the commissioners' recommended fee level of 1s 6d per successful vaccination.[579] The guardians of the Durham unions were clearly motivated by the money-saving objectives of the poor law rather than the disease preventative measures of vaccination.

The central authorities applied double standards in their dealings with the Durham unions and the counties of Ireland. The commissioners regularly complained that the Durham unions paid poor rates to their public vaccinators and medical officers. However, they recommended even lower fees for vaccinators in Ireland. Although England and Ireland operated separate vaccination programmes, the same groups of people, medical practitioners, government agencies and legislators formed and managed both.[580] The apparent generosity of the commissioners compared to the guardians of the Durham unions did not hold true when it came to vaccination payments in Ireland. Over two-thirds of the Irish population depended on agriculture in 1841 and manufacturing declined as mainland

[575] TNA, MH12/2968, Chester-le-Street, 1836-45, 20 Jun–31 Jul 1843, the guardians responded by increasing the medical officers' salaries by £5 per annum.
[576] TNA, MH12/3268, Sunderland, 1834-42, 20 Jan 1841; *Seventh Annual Report of the Poor Law Commissioners,* p. 30, Item 107.
[577] TNA, MH12/3268, Sunderland, 1834-42, 18 May 1841, completed questionnaire.
[578] Brunton, *The Politics of Vaccination,* p. 35.
[579] Brunton, *The Politics of Vaccination,* p. 34.
[580] Brunton, *The Politics of Vaccination,* p. 106

British industry expanded.[581] The unions of Ireland therefore compare well with rural areas of England, such as Weardale which paid 1s 6d per vaccination. While the commissioners recommended 1s 6d for public vaccinators in England and Wales, in Ireland they only recommended 1s for the first two hundred and 6d thereafter. They even suggested that the guardians might find they could obtain vaccinators from the dispensaries for less. It is possible that this punitive approach reflected a mix of prejudice on the part of the central authorities and an awareness of the lower income from poor rates in Ireland. Nevertheless, Brunton points out that the Irish medical practitioners were duly insulted and questioned the lower rates compared to their English counterparts.[582] She concluded that despite formidable campaigns, in both England and Ireland, against the levels of payment for vaccination, the medical profession failed to make an impact on either the guardians or members of parliament.[583]

First impressions of vaccination fees in County Durham's rural unions seem to indicate that the guardians were more generous in their remuneration of vaccinators than their urban counterparts. Closer examination suggests otherwise. The Weardale guardians readily conformed with the recommended fee of the commissioners and paid their public vaccinators 1/6d per successful vaccination.[584] However, they probably paid this amount because the public vaccinators had long distances to travel to their vaccination stations, which incurred additional expenditure for either hiring a carriage or maintaining a horse. In 1843 the average fee paid across the country amounted to 1s 9d per successful vaccination.[585] So, although the Weardale guardians paid the recommended fee this was below the average across the country and inadequate for the Weardale vaccinators who had to travel long distances. The Weardale guardians had to contend with more complex problems in the Derwent district. It was impossible for a medical practitioner to make a living in this sparsely populated area, so consequently there was no medical practitioner or qualified vaccinator resident in the district. As reported in chapter two, the guardians regularly relied on the appointment of a medical practitioner who lived outside the district. In 1866 an opportunity arose for the guardians to appoint a resident of a neighbouring union as medical officer and public vaccinator for the Derwent district. While the guardians determined the salary for the medical contract, in 1866 the Medical Department of the Privy Council regulated the fees for vaccination. The scale of fees took account of the distance vaccinators had to travel from their place of residence to the place of vaccination.

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[581] E. R. R. Green, 'The Great Famine (1845-1850)', in T. W. Moody and F. X. Martin, (Eds.), *The Course of Irish History* Cork: The Mercier Press, 1987), p. 267.
[582] Brunton, *The Politics of Vaccination,* pp. 114-115.
[583] Brunton, *The Politics of Vaccination,* pp. 34-38 & 127-128.
[584] TNA, MH12/3333, Weardale, 1834-42, 2 Jan 1841.
[585] *Ninth Annual Report of the Poor Law Commissioners* (London: HMSO, 1843), Appendices, p. 20.

Because the Derwent district vaccinator resided over two miles distant, a 2s 6d fee applied for each person he vaccinated.[586] The guardians made no objection to this high rate, probably because low birth rates in the district limited the overall cost, but no doubt this was a welcome boost for a country practitioner. Medical authorities objected to the poor law authority's control and oversight of the vaccination system. They feared that the vaccination fees would be inadequate due to the deterrent nature of the commissioners and the penny-pinching guardians. Evidence from the Durham unions suggest they had well-founded fears.

As late as 1872 the Chester-le-Street guardians continued to strike a hard bargain. At that time, the central authorities required unions to appoint vaccination officers in addition to the medical post of public vaccinator. The role of vaccination officer was an administrative post, to record and monitor the status of infant births and vaccinations in the area. The vaccination officer received lists of births and deaths of infants for his district every month from the registrar. He also received a list of all successful vaccinations and all those unfit or insusceptible of vaccination. Either the public vaccinator provided the list, or the parent of each privately vaccinated child provided the necessary certificate. The vaccination officer was required to keep and check lists relating to births, deaths, vaccination certifications and migrant children.[587] The Local Government Board provided detailed instructions on the actions the vaccination officer had to take on these lists.[588] For any non-compliant parent, the vaccination officer had to personally investigate the case and seek authorisation from the guardians for prosecution if necessary. There was some overlap between the tasks of registrars and relieving officers and the vaccination officer, but clearly adding the role of vaccination officer to either of these posts entailed additional work, especially as some cases could be time-consuming. The Chester-le-Street guardians, ever mindful of ratepayers' money, chose to add the role to that of their existing officers with minimal remuneration. Acting in concert, they threatened to resign rather than take an 8d payment per successful vaccination. The guardians responded '[t]hat if they were not satisfied with the fee offered, they can send in their resignations at the next meeting … and … the necessary steps be then taken for the appointment of their successor or successors'.[589] Since they were also employed as relieving officers and registrars, the vaccination officers may have felt that they risked losing all of these posts if they tendered their

[586] TNA, MH12/3337*,* Weardale, 1862-Jul 71, 24 Mar, 23 Apr, 14 July & 23 Oct 1866, correspondence between guardians and poor law board.
[587] The vaccination officer of the emigrant union reported the migrant infants to the vaccination officer of the immigrant union.
[588] *First Report of the Local Government Board, 1871-72* (London: HMSO, 1872), pp. 51-53 & Appendix A, pp. 77-81.
[589] TNA, MH12/2974, Chester-le-Street, 1871-76, 14 Feb 1872.

resignations and this may account for their subsequent acceptance of the 8d contract.[590] The Weardale guardians were also prudent in their approach to appointing vaccination officers. They elected to appoint the existing registrars of births and deaths of the St John's, Wolsingham and Stanhope districts.[591] Because of the extensive distances it was practical and economical to use existing personnel. However, they made no indication of any increase in salary for undertaking the additional role as vaccination officer.[592] Even as late as 1900 an inspection exposed inadequate levels of remuneration for the Weardale vaccination officers.[593] Mooney found that various London unions, as in the Weardale and Chester-le-Street unions, appointed an existing public officer, such as an overseer, relieving officer, registrar or even the public vaccinator, as the prosecuting officer.[594] Clark also found the vaccination officer in the Hollingbourne union acted as the school attendance officer.[595] Evidence from both the Chester-le-Street and Weardale unions suggests that parsimony remained a key priority for both unions. Although the Chester-le-Street union experienced increasing populations in the mining communities, the guardians continued with their prudent policy of keeping salaries, costs and rates low. The Weardale guardians were also insensible to the extra work required by vaccination officers, which could entail additional time persuading parents to have their child vaccinated or legal action in cases of parental refusal.

The Sunderland guardians took quite a different approach from both the Chester-le-Street and Weardale guardians. They appointed a vaccination officer, John Thompson, for the whole union at an annual salary of £100.[596] The appointment proved successful with a local newspaper reporting the good state of vaccination in Sunderland due to Thompson's 'unwearied exertions' persuading non-compliant families to conform with the law and have their child vaccinated.[597] Although we need to exercise caution taking newspaper reports at face value, this report is supported by both the vaccination officer's report when challenged by a guardian and a central authority inspector's report on his work.[598] Comparing these different approaches by the three types of Durham unions reveals the pressures and priorities of the guardians. Sunderland had an increasingly dense population and functioned as an expanding port and mining community. Lane claims that smallpox was increasingly

[590] TNA, MH12/2974*,* Chester-le-Street, 1871-76, 26 Feb 1872.
[591] The Local Government Board recommended that vaccination officer districts should coincide with registrar districts because registrars collected the vital statistics of children.
[592] TNA, MH12/3338, Weardale, Aug1871-74, 26 Feb 1872.
[593] TNA, MH12/3344, Weardale, 1897-1900, 18 Oct 1900.
[594] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 271.
[595] Clark, 'Compliance with Infant Smallpox Vaccination Legislation in Hollingbourne', pp. 190-191.
[596] TNA, MH12/3277, Sunderland, Aug 1871-72, 16 February 1872.
[597] *Sunderland Times,* 22 Nov 1872 available at TNA, MH12/3277, Sunderland, Aug 1871-72.
[598] TNA, MH12/3277, Sunderland, Aug 1871-1872, 64949/722; TNA, MH12/3278, Sunderland, 1873, 25 Oct 1873.

evident in the industrial areas, so the population had more reason to fear outbreaks of the disease.[599] The Sunderland guardians had ready access to a pool of competent people, so it made good sense for them, in this compact urban union, to appoint a vaccination officer, to ensure that all of the union's infants received the smallpox vaccination. Brunton claims that the Sunderland guardians received a reprimand by the inspector, Mr Hedley, for failing to implement the 1871 Vaccination Act.[600] However, both the article she refers to, and the inspector's report contained therein, appeared before parliament passed the 1871 Vaccination Act.[601] This 'reprimand' could thus only relate to the 1867 Vaccination Act which required guardians to enforce vaccination. The Sunderland guardians were in fact proactive in appointing a vaccination officer. They attempted to appoint a vaccination officer in 1862 but the Poor Law Board thwarted the guardians' efforts. The 1867 Act, however, allowed the appointment of a vaccination officer, and the Sunderland guardians proceeded to appoint Thompson, in the first instance on a trial basis, on 8 June 1871. [602] This was six months prior to the implementation of the 1871 Act, which required all unions to appoint a vaccination officer. The guardians made the appointment permanent the following year. It is clear that the Sunderland guardians were prepared to commit expenditure to gain results, evidenced by their successful appointment of a vaccination officer, but their approach was very different from the mining and rural unions of County Durham. The different strategies adopted by the unions tends to reflect their economic, social and physical structures.

[599] Lane, *A Social History of Medicine,* p. 136.
[600] Brunton, *The Politics of Vaccination,* p. 99.
[601] 'British Medical Journal', *British Medical Journal,* Vol. 1, 531, (1871), p. 228; Algernon C. Bauke, *Baukes Vaccination Acts, 1867-71* (London: Shaw & Sons, 1871), p. 28, The Act was passed on 21 August 1871 and did not come into force until 1 Jan 1872. The BMJ article was published on 4 March 1871.
[602] TNA, MH12/3276, Sunderland, 1870-Jul 1871, 13 Jun 1871.

Table 3.2: Percentage of public vaccinations of all births in three Durham unions, 1843-52: *derived from union vaccination returns*.

Year	Chester-le-Street under age one, %	Weardale under age one, %	Sunderland under age one, %
1843-44	48[a]	57[a]	21[a]
1844-45	39	34	24
1845-46	[b]	34	23
1846-47	47	50	21
1847-48	30	41	24
1848-49	23	59	16
1849-50	29	35	18
1850-51	16	49	24
1851-52	[b]	32	34

Sources: Chester-le-Street data: TNA, MH12/2968, 8 Feb 1845; MH12/2969, 20 Jan 1846, 7 Feb 1848, 15 Jan 1849, 10 Dec 1849, 21 Nov 1850, 19 Nov 1851; Weardale data: TNA, MH12/3334, 27 Oct 1845, 3 Dec 1846, 27 Nov 1847, 26 Oct 1848; MH12/3335, 18 Oct 1849, 7 Oct 1850, 10 Oct 1851; Sunderland data: TNA, MH12/3269, 12 Apr 1845, 23 Mar 1846; MH12/3270, 16 Mar 1847, 26 Nov 1847, 24 Oct 1848, 22 Oct 1849, 21 Oct 1850 & 11 Nov 1851; births for Sunderland from 1847 to 1851 are not included on the vaccination returns. They have been calculated as an annual average using the difference between the 1846 births and those reported on the 1854 return.

[a] Data was not disaggregated for 1843-44. Figures are percentages for all public vaccinations of births in that year.

[b] 1845-46 & 1851-52 figures are not available for Chester-le-Street.

Just as unions had differences in the provision of public vaccinators which resulted from the environmental characteristics of the union, they also had differences in the take-up of public vaccination caused by the confused administrative arrangements. Table 3.2 shows the percentages of infants vaccinated against smallpox in three unions of County Durham according to the vaccination returns made to the poor law authorities. However, these returns only relate to vaccinations carried out by the public vaccinators. Because legislation did not require private vaccinators to submit returns, we cannot know the exact percentage of infant vaccinations. The vaccination returns of the public vaccinators provided the number of births registered, the number of infant vaccinations for those under one year old, and the number of vaccinations for those over one year of age, for each vaccination district in the union. We can use these returns along with the mortality rates of infants produced by the registrar general to calculate a measure of vaccination performance for the union. However, there are a number of limitations, especially in the first two decades of vaccination operation. The birth registers did not contain all births, reports of the registrar general in the early years did not identify all infant deaths and as already noted the vaccination returns did not include private vaccinations. It is not until 1853, following improved reporting, that we can reliably use the returns of births and vaccinations for purposes beyond a general guide. Nevertheless, bearing in mind these and other limitations, it is possible to identify trends. There are significant variations in the public vaccination percentages of the three unions

illustrated in Table 3.2. Rural Weardale had a higher percentage uptake of public vaccination than urban Sunderland. This was probably because Sunderland had more medical practitioners than Weardale which meant parents in Sunderland had more options to have their children privately vaccinated. It is impossible to quantify the extent of private vaccinations, although we know that union returns, such as those in Chester-le-Street, were regularly appended with comments such as '[a] number of the children are annually vaccinated by practitioners, who attend the mothers in child bed which accounts for the deficiency between the number of births and those vaccinated in the union'.[603] The Weardale public vaccinators reported low numbers of infant vaccinations because it was customary, prior to the Vaccination Act, 'for the surgeons residing within the union to vaccinate most of the children whose mothers they had attended in labour and that practice still continues'.[604] It seems safe to conjecture that increased levels of infant vaccination took place in Weardale and Chester-le-Street for the reasons stated and in Sunderland with more practitioners. If the returns included private infant vaccinations, then the number vaccinated would be even higher than reported in Table 3.2 which suggests a general acceptance by parents of infant smallpox vaccination.[605]

Public vaccinations also varied year on year in the three unions. Brunton maintains that parents had their children vaccinated at times of smallpox outbreaks and neglected the practice when it declined.[606] The variation in the uptake of vaccination in each of the three Durham unions supports that view (Table 3.2). Both the Chester-le-Street and Weardale unions experienced an increase in smallpox deaths in 1843, followed by an upsurge of vaccinations, then a decrease in vaccinations a few years later.[607] Thereafter, the decrease in infant vaccinations in the Chester-le-Street union from 1847 to 1851 is in marked contrast to Weardale which had smallpox outbreaks in 1847 and 1849. The same variation in vaccination uptake occurred at national level. The Poor Law Commissioners reported 10,434 deaths from smallpox in 1840.[608] These reduced further to 6,368 in 1841 and again to 2,715 in 1842, following the availability of free vaccination for all the population.[609] However, smallpox deaths increased in 1843-4. Hodgkinson attributed this to two main reasons: a decline in

[603] TNA, MH12/2969, Chester-le-Street, 1846-51, 7 Feb 1846.
[604] TNA, MH12/3334*,* Weardale, 1843-48, 23 Dec 1845.
[605] Any increase in infant vaccinations for the Durham unions cannot be equated with Brunton's calculated percentages because she included children over 1 year old, adults and revaccinations.
[606] Brunton, *The Politics of Vaccination,* p. 37.
[607] Not all children were vaccinated at birth, and not all births survived two months, the recommended vaccination age, so the percentage figures only provide a guide to vaccination take-up following a smallpox outbreak.
[608] Hodgkinson, *The Origins of the National Health Service*, p. 29.
[609] *Fifth Annual Report of the Registrar General* (London: HMSO, 1843), p. 60; *Sixth Annual Report of the Registrar General* (London: HMSO, 1844), p. 68.

vaccinations following the initial enthusiasm; and parental indifference to vaccination following a reduced incidence of smallpox.[610] The fluctuating pattern of public vaccination in the three Durham unions, over the period 1843 to 1852, corresponds to the explanations that both Hodgkinson and Brunton derived from the national vaccination performance reports.

Table 3.3: Percentage of public vaccinations of all births in England & Wales and County Durham, 1843-52

Year	England & Wales % of all public vaccinations	England & Wales % of public vaccinations under age one according to Poor Law Reports	County Durham % of public vaccinations under age one according to Poor Law Reports
1843-44	64	[a]	[a]
1844-45	74	32	42
1845-46	56	29	37
1846-47	51	28	33
1847-48	73	33	42
1848-49	62	30	45
1849-50	59	31	44
1850-51	59	31	41
1851-52	68	33	57

Sources: Brunton, *The Politics of Vaccination,* p. 36; *Annual Reports of the Poor Law Commissioners,* 1843-47; *Annual Reports of the Poor Law Board,* 1848-53.

[a] Data was not disaggregated for 1843-44. In subsequent years, the figures are percentages for all public vaccinations of births in that year. Brunton's figures in column 2 are percentages of births in that year for all public vaccinations of infants, children and adults.

Brunton, reports a higher percentage performance for every year over the period 1843 to 1852, which the Durham unions never achieved (Table 3.3, col. 1 & col. 3). Brunton maintains that these figures demonstrate the relative popularity of smallpox vaccination and challenged Durbach's conclusion that the 1840 Act was a 'resounding failure'.[611] Durbach argued that the labouring classes preferred to use the unorthodox practitioners rather than the poor law vaccinators, and that the low uptake of public vaccination established the need to introduce the 1853 Compulsory Act.[612] As noted earlier in the chapter there is some evidence for the use of unorthodox practitioners in the Durham unions. However, the uptake of public vaccination in the county, which ranged over time from 33% to 57%, casts doubt on Durbach's claims that the 1840 Vaccination Act was a failure or that compulsory vaccination legislation was necessary.

Nonetheless, Brunton's percentages, as shown in column 1 of Table 3.3, are misleading and inappropriate for comparison at local level. This is because she has calculated percentages for all

[610] Hodgkinson, *The Origins of the National Health Service,* p. 29.
[611] Brunton, *The Politics of Vaccination,* p. 188.
[612] Durbach, *Bodily Matters,* p. 21.

vaccinations not just for infants under one year old.[613] It is impossible to calculate the percentages of vaccinated infants under one year old for the year 1843 because there was no breakdown of the total number of vaccinations reported in either the union returns or by the commissioners. However, in subsequent years, the vaccination returns reported vaccinations of under one-year olds separate from those over one. Columns 2 and 3 of table 3.3 illustrate the difference in the percentage vaccinations when calculated collectively and separately. In some years it is probable that parents had their infants, any older children and themselves vaccinated at the same time, all free of charge, especially at times of smallpox outbreaks. Overestimation of vaccination rates results from the inclusion of adults and children over one year of age in the numerator when the divisor is the number of births for that year. For example, in Weardale in 1847 and 1848, when smallpox was prevalent, the public vaccinator provided more vaccinations to people over one year old than those under one. This produces percentage rates of 122% and 111% of births for those years, respectively, using this methodology.[614] Other areas of England probably had similar percentage increases during any smallpox outbreaks that makes the national figures in table 3.3, column 2, over optimistic. It is clear from the statistics available that local studies need to draw comparison with the national rates for under one-year olds if they are to produce a meaningful measure of performance of the 1840 and 1841 Vaccination Acts. Evidence for this chapter shows that the Durham unions had a higher performance of infant public vaccination than the average for the country, although there are variations from union to union. The figures also question the need for the introduction of compulsory vaccination legislation especially if the calculations included the unorthodox and private vaccinations.

The 1840 Vaccination Act was voluntary and required a range of strategies to persuade people to overcome any reluctance to vaccination, in order to make the scheme successful. It was common practice for public vaccinators, guardians and commissioners to blame parents' attitudes for low vaccination rates. However, the evidence on the attitudes of parents, as provided by the public vaccinators in the Durham unions, suggests a more complex picture. Attitudes varied. For example, the Poor Law Commissioners issued a questionnaire in 1841, and received optimistic answers from the Durham unions' public vaccinators in regard to parental attitudes to vaccination. The

[613] Brunton, *The Politics of Vaccination,* pp. 36-37; *Eleventh Annual Report of the Poor Law Commissioners,* (London: HMSO, 1845), Appendix A, p. 16, For example, in the year 1843-44 the commissioners reported that the vaccination figure of 290,453 included children not born in that year along with 'many adults' and 'a considerable number of cases of revaccination'. Brunton calculated 64% of all registered births received vaccinations that year.

[614] The Poor Law Commissioners used this methodology in their main report to parliament but the tables in the appendix contained vaccinations for both those under one year old and those over one.

questionnaire requested information from the public vaccinators on lymph supplies, the method of vaccination, whether inoculation was practised in the district, whether parents objected to vaccination, the extent to which parents had information on the arrangements for public vaccination, and if they had any suggestions to improve the extension of public vaccination. Vaccinators responded positively to the non-threatening questionnaire, which the commissioners had designed to identify areas of difficulty and areas for improvement in the public vaccination system. Consequently, the questions elicited comments that we can trust as fair reflections on parental attitudes. The public vaccinator for the Bishopwearmouth district, Thomas Torbock, reported that he found no objection to vaccination by parents in his district, and the public vaccinator for Sunderland parish, Cuthbert Embleton, reported that the numbers vaccinated continued to increase.[615] The four public vaccinators in the South Shields union reported that parents did not generally object to vaccination. One reported 'very seldom' and another 'occasionally but very rarely'. However, when it came to parental knowledge of the public vaccination arrangements, the vaccinators indicated that the parents lacked information, two suggested the distribution of more hand bills, one had no suggestion and one favoured compulsion, albeit with no indication of how compulsion would work.[616]

In different circumstances vaccinators gave opposing views of parental attitudes to those in the 1841 questionnaire. The Act required parents to have their infants vaccinated in the first three months and certainly within the first year. As described earlier in the chapter, unions submitted annual returns to the central authorities detailing the number of births and public vaccinations performed by the union's vaccinators. When the commissioners requested the vaccinators to explain why the number of infant vaccinations did not tally with the number of births, they regularly blamed parents. A South Shields public vaccinator commenting on the low number of his vaccinations in 1845, remarked that it was 'the unwillingness of many of the poorer classes to take the trifling trouble necessary to avail themselves of the provisions of the Act'.[617] John Potts, public vaccinator for the Bishopwearmouth Country district, ascribed the low percentage of vaccinations in 1846 to the 'great reluctance on the part of the lower classes' to overcome their prejudices, adding that he endeavoured 'by dint of persuasion' to help them overcome these prejudices, although he did not elaborate on exactly what these prejudices constituted, nor what persuasive method he had applied.[618] John Gregory, public vaccinator for the Bishopwearmouth Town district, reported in 1846

[615] TNA, MH12/3268, Sunderland, 1834-42, 18 & 20 May 1841.
[616] TNA, MH12/3201, South Shields, 1834-41, 15, 17, 19 & 20 May 1841.
[617] TNA, MH12/3202, South Shields, 1843-49, 8 May 1845.
[618] TNA, MH12/3269, Sunderland, 1843-46, 23 Mar 1846.

that 'there still exists considerable prejudices to vaccination among the poor'.[619] These responses contrast sharply with those recounted in the last paragraph. On this occasion when asked to explain the low vaccination rates the public vaccinators sought to defend themselves and deflected blame onto the parents for the low uptake.

There is no evidence to suggest parents in the Durham unions held any special fear of vaccination or of other childhood diseases, or that they held any particular prejudices. Brunton also found that most of Scotland's parents were 'happy to have its [their] children vaccinated', despite the fact they had to pay for vaccinations. Only the poor in Scotland received free vaccination and registrars' reports suggest any protests were largely associated with having to pay.[620] Mooney argues that parents held no blame for the range of administrative hurdles they had to overcome to access vaccination.[621] He found the stigma of pauperisation held the greatest fear for parents in the St George in the East union.[622] He also suggested that London's low uptake of vaccination probably resulted from 'a range of technical reasons', such as the data recording systems.[623] In Essex, Smith found that the Peculiar People, a religious sect that believed in divine healing, rejected any medical interference, including vaccination. Following the deaths of three of the sect leader's children a grand jury declared the doctrine 'dangerous to the community at large'.[624] Despite social rejection, the Peculiar People continued with their beliefs and no amount of persuasion changed their ways. Huerkamp also found religious superstition and fear of the unknown created doubt and distrust of smallpox vaccination in Germany, which was especially evident in those states with compulsory vaccination.[625] The only indicators of parental fear, prejudice or reluctance in the Durham unions came from the public vaccinators and guardians and they made no reference to any belief systems that rejected vaccination. However, medical men themselves contributed to any prejudices that parents may have held. Hodgkinson reported that 'the ignorant poor refused to be vaccinated because they lived under the "erroneous apprehension that other … diseases would be communicated to them"'.[626] She appears to contradict this remark later when she claims that the poor were more often vaccinated than others.[627] Despite the development of vaccination in 1796

[619] TNA, MH12/3269*,* Sunderland, 1843-46, 23 Mar 1846.
[620] Brunton, *The Policies of Vaccination,* p. 158.
[621] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', pp. 270-271, 273-274 & 280.
[622] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 274.
[623] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 268.
[624] Smith, *The Speckled Monster,* pp. 125-126.
[625] Claudia Huerkamp, 'The History of Smallpox Vaccination in Germany: A First Step in the Medicalization of the General Public', *Journal of Contemporary History,* 20, (Oct 1985), p. 622.
[626] Hodgkinson, *The Origins of the National Health Service,* p. 30.
[627] Hodgkinson, *The Origins of the National Health Service,* p. 125.

the theory of infection remained unchanged until the second half of the nineteenth century. Medical scientists could not explain why vaccination prevented smallpox which made it difficult to discount even the more extreme opinions. Beck argues that even statistics could not prove that vaccination prevented smallpox because of their incompleteness, their limited coverage and their irresponsible usage.[628] The conflicting opinions of medical men fuelled the idea that vaccination transmitted other diseases, a conflict which continued throughout the nineteenth century. In 1871 'solid evidence that vaccination could transmit syphilis' surfaced and other investigations confirmed these findings, but despite this, medical opinion remained divided.[629] With this and other medical conflicts it is not surprising that the apparently 'ignorant poor' may have held concerns about vaccination for their children, although this research has found no evidence that parents in the Durham unions had concerns about vaccination.

The propensity to blame parents for shortcomings in the vaccination system went beyond the public vaccinators and guardians. In 1852, the Poor Law Board's correspondence with the Sunderland union, regarding a smallpox outbreak, singled out the parents as the obstacle to vaccination. The Poor Law Board advised the guardians that 'the Board are aware of the great prejudice which exists among the poorer classes on the subject of vaccination, but … public vaccinators [should] use their best endeavours to overcome this prejudice by pointing out … the serious results which too often follow the neglect of vaccination'.[630] The Poor Law Board did not make any other recommendation. The guardians, public vaccinators and central authorities offered several contradictory messages that were symptomatic of a system that was failing to function as planned. From their brief comments it is clear that they had preconceived ideas about the poor and that the observations and recommendations of both the local and central bodies lacked any substance. Neither level of government made reference to the conflicting views of medical men nor to the administrative procedures of the vaccination system, even though the former undermined trust and the latter created unnecessary obstacles for the wider community. This study has not identified direct evidence of parental scepticism despite searches of both local and national repositories for pauper complaints or other correspondence. Pauper evidence tends to be about them rather than by them, especially when it concerns their views and beliefs. So, the conclusion here, on the impact of conflicting medical views and the lack of attention given to failing administrative systems, is conjectural. It is drawn from a wider evidence base, including reports and actions of vaccinators and guardians, and the consequential behavioural responses of parents in respect of infant vaccinations.

[628] Beck, 'Issues in the Anti-Vaccination Movement in England', pp. 314-315.
[629] Brunton, *The Politics of Vaccination,* pp. 93-94.
[630] TNA, MH12/3271*,* Sunderland, 1852-54, 6 Nov 1852.

Organisational deficiencies at local level caused unnecessary difficulties for parents and these usually stemmed from the national regulations. Regulations required the guardians to establish schedules and vaccination stations, and to submit these to the central authorities for approval, detailing the location of each of the stations and the days and times of attendance of the public vaccinator. In 1841 the Weardale guardians produced a schedule for each of their vaccination districts.[631] The Wolsingham district held vaccination sessions every Monday at the vaccinator's surgery in the centrally located Wolsingham township. The schedules for the widespread and thinly populated St Johns, Stanhope and Derwent districts proved more complex. National schools acted as vaccination stations for a series of hourly sessions held annually on each Monday during May, quarterly on one designated day and weekly at the vaccinators' surgeries.[632] Although the arrangements met with the approval of the commissioners, these and several subsequent schedules proved unsatisfactory for both the parents and the vaccinators. Nevertheless, the central authorities maintained a strict adherence to the letter of the law, rather than its purpose, faithfully observing the regulations and procedures. Some districts of Weardale had low population levels with very few births. If vaccinators made the long and arduous journey to the remote vaccination stations according to the schedules approved by the Poor Law Board, they very often found no infants to vaccinate, because no recent births had occurred. Consequently they 'rarely if ever resorted to' the vaccination stations but preferred to do most vaccinations in the homes, as and when necessary. The guardians reported that vaccination 'would be generally neglected' if it were only available at vaccination stations. [633] The contracts that the Weardale union submitted to the Poor Law Board in November 1853, provided for home attendance twice a week with the public vaccinators accessible at other times and 'they still vaccinate at the patient's own houses', providing 'greater facility … for vaccination and inspection than even weekly attendance at the stations could afford'. The guardians also enclosed details of the public vaccination locations, which included surgeries, and the times of their availability within each district. The public vaccinators were clearly willing to adapt their service to meet patient demand. On this occasion the Poor Law Board did not openly approve the arrangements but remarked that they would 'not interfere any further'.[634] This evidence seems to suggest that the Poor Law Board recognized that the regulations were too stringent and conceded

[631] TNA, MH12/3333, Weardale, 1834-42, 2 Jan 1841.
[632] The quarterly sessions were held on the Monday preceding Lady Day, Midsummer Day, Michaelmas & Christmas Day.
[633] TNA, MH12/3335, Weardale, 1849-55, 2 Nov 1853.
[634] TNA, MH12/3335, Weardale, 1849-55, 9, 14, & 23 Jan 1854, correspondence between guardians and poor law board.

the need for some flexibility in rural areas. However, guardians had to take the initiative at local level and the vaccination stations had to continue to operate with vaccinators in attendance.

The central authorities had a medical reason for the establishment and use of vaccination stations rather than home visits. Medical opinion held that fresh lymph was preferred over preserved lymph. Consequently, vaccinators had to ensure that children recently vaccinated attended subsequent vaccination sessions in order to obtain the fresh lymph.[635] This was an obvious difficulty in the case of home visits and in remote country districts such as Weardale. Consequently, the public vaccinators could not guarantee the availability of fresh lymph for every vaccinated child. In these districts the public vaccinator had to use preserved lymph.

Unions such as Darlington also contained country districts. The public vaccinators of these districts experienced similar difficulties obtaining fresh lymph as other rural areas. Nevertheless, the Poor Law Board did not demonstrate the same flexibility as they did in Weardale. They provided no reason for this difference, but it may be that the rural area of Darlington, which lay on flat terrain, was considered different to the mountainous and inhospitable landscapes of Weardale. In 1858 the Darlington guardians reported difficulties for parents to access public vaccinations in the union's country districts, because of the distance between some of the farms and the vaccination stations. This resulted in two-thirds of the children in those areas remaining unvaccinated. One village contained a large family who suffered from smallpox with nobody in the household vaccinated.[636] To assist the families in these country areas, the guardians requested permission for vaccinations to take place at both the stations and in the homes. The Poor Law Board, however, insisted that the guardians comply with the requirements of the Vaccination Extension Act. These required guardians to divide the union into districts and to provide stations within each district for vaccinations.[637] This lack of flexibility on the part of the central authority was in marked contrast to that shown in Weardale. Their response did not help parents in the Darlington rural areas to access vaccinations for their children which unnecessarily hampered local efforts to increase the levels of vaccination.

A lack of flexibility on the part of the central authorities in rigidly applying the regulations confounded parents in part of the Harraton vaccination district of the Chester-le-Street union. The Harraton district of the union contained the parish of Ouston. Pelton was a parish adjacent to Ouston but was in a different vaccination district of the same union. Parents in Ouston did not

[635] Brunton, *The Politics of Vaccination,* p. 79.
[636] TNA, MH12/2994, Darlington, 1857-59, 12 May 1858.
[637] TNA, MH12/2994, Darlington, 1857-59, 18 May 1858.

understand why they had to attend Birtley vaccination station, located two miles away, instead of Pelton vaccination station, situated less than one mile away.[638] Rather than permit Ouston parents to attend the Pelton station in the adjacent vaccination district the central authority advised on the establishment of an additional station at Ouston. While this eased access for parents the lack of flexibility on the part of the central authorities, in applying vaccination legislation caused an increase in the workload of the public vaccinator and increased the cost of public vaccination operations unnecessarily. The central authorities were clearly more interested in upholding the regulations than keeping costs down for the ratepayer, despite the willingness of parents to travel to a neighbouring vaccination station. Mooney found a similar situation in London, where some parents had to travel long distances to reach their union's vaccination station, despite other unions having stations closer to their homes. For example, in the St Giles and St George union the poorer parts of Bloomsbury had two St Pancras union vaccination stations closer to their district than the stations of their own union. Mooney concluded that some vaccination stations were difficult to reach, and parochial sub-division hampered the use of the most convenient station. However, he did not indicate whether any changes were made to facilitate parental access.[639] At least in the Ouston case, the addition of a vaccination station removed unnecessary obstacles for the parents and facilitated the objective of having more children vaccinated.

Although the large urban unions of Durham experienced fewer regulatory problems in the provision of vaccination stations and schedules than the rural unions, they contended with other issues. The large unions had an abundance of medical practitioners with the potential to create unnecessary friction between practitioners and between practitioners and their patients, especially if the guardians gave the poor law medical officers exclusive access to free vaccinations. To ameliorate this conflict the Sunderland guardians determined in 1855 that the whole union constituted one vaccination district and they allowed all medical practitioners to be public vaccinators if they chose to accept the appointment.[640] By appointing all medical practitioners as public vaccinators the Sunderland guardians offered parents the opportunity to choose their own vaccinator and avoided the 'appearance of interfering between members of the medical profession and their patients'.[641] However, the Poor Law Board pointed out that the proposals contravened the existing vaccination Acts, which required unions to establish vaccination districts with a designated vaccinator. Consequently, the Poor Law Board, were unable to sanction the proposals. They added that if the

[638] TNA, MH12/2974*,* Chester-le-Street, 1871-76, 20 Sep 1875.
[639] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 274.
[640] TNA, MH12/3272*,* Sunderland, 1855-56, 4 Jul 1855.
[641] TNA, MH12/3272*,* Sunderland, 1855-56, 4 Jul 1855.

guardians thought that their course of action was 'better calculated to effect the object in view, namely, the complete vaccination of newly born infants' then they would not annul the contracts but 'they cannot approve of them'.[642] This arrangement of appointing as many medical officers in the union as were willing to act as public vaccinators, was commonplace in the large urban unions of Durham. For example, South Shields appointed eighteen vaccinators, Gateshead twenty-one and Stockton eighteen.[643] This research has not identified other areas of the country that may have adopted this approach. However, when Darlington proposed to take a similar line when smallpox threatened in 1858 the central authorities did not show the same flexibility as they did earlier with the other Durham unions.

The Darlington guardians heeded medical advice in 1858 when they designated all medical practitioners in the union as vaccinators. They resolved to allow the practitioners to vaccinate in any township, with remuneration for every successful case. In addition, the guardians designated the residence of each medical man as a vaccination station.[644] This approach met the needs of parents and families in both the town and country districts of the union, especially at a time of impending smallpox. However, as noted earlier, the Poor Law Board refused to approve the resolution.[645] After several exchanges of correspondence, the Poor Law Board advised the guardians to operate within the law, but acknowledged that by following their advice 'the objects of the legislature' would not be realised.[646] The Poor Law Board clearly recognized the contradiction that existed between the letter of the law and its intention, but despite the potential consequences of their advice they did not sanction Darlington's vaccination proposals. This response probably perplexed the guardians given that neighbouring unions in the north of the county already operated the proposed scheme. In Hollingbourne, Clark also found 'clear documentary evidence of confused messages from the centre' in its advice to guardians.[647] Nevertheless, the threat by the Poor Law Board, that auditors might penalise the Darlington guardians, was sufficient for them to conform to central advice. There is no explicit reference in the Poor Law Board's annual parliamentary reports that these deficiencies in legislation and regulation hampered the uptake of vaccination. However, the inspection of the operation of vaccination across the country, undertaken in the following decade, led to the

[642] TNA, MH12/3272, Sunderland, 1855-56, 14 Jul 1855.
[643] TNA, MH12/3202, South Shields, 1843-49, 13 Jul 1848, the letter reads 'appointment of "the whole of the duly qualified medical practitioners resident within this union be appointed public vaccinators"'; *Seventh Report of the Medical Officer of the Privy Council* (London: HMSO, 1865), Appendix 2, p. 58.
[644] TNA, MH12/2994, Darlington, 1857-59, 3 Aug 1858.
[645] TNA, MH12/2994, Darlington, 1857-59, 6 Aug 1858.
[646] TNA, MH12/2994, Darlington, 1857-59, 23 Aug 1858.
[647] Clark, 'Compliance with Infant Smallpox Vaccination Legislation in Hollingbourne', pp. 186 & 197.

identification of these deficiencies and other aspects of the vaccination operation as primary targets for remedial action if vaccination levels were to improve.

Drs Seaton, Stevens, Buchanan and Sanderson, under the direction of John Simon, inspected all of the public vaccination districts of England and Wales over the period 1860-64. Simon, as medical officer to the Privy Council, included their findings in his annual reports to parliament. Simon recognised that the '*vis inertiae'* of parents across the country, accounted for infants being unvaccinated rather than any prejudice they might hold.[648] He also knew that remedial action was required to address the defects of the several vaccination acts.[649] This was a key purpose of the inspections. Lambert concluded from Simon's reports that the 'law and machinery seemed largely inoperative'.[650] He also found 'abundant evidence' that guardians welcomed the inspections because they lacked sound advice from the Poor Law Board on vaccination issues and they thought that at last 'the government was stirring'.[651] Simon's 1862 report included the observations of the Sunderland chair of guardians, that guardians had the duty and responsibility to carry out the Vaccination Act, but not the necessary powers to carry them into effect. He complained that the guardians had no powers to appoint or pay for a special officer to ensure the vaccination of all children, nor did they have the right of access to 'the register of successful vaccination'. Even if they had access to the registers, they could not determine which children had received successful vaccinations because private vaccinators did not submit returns of vaccinations they had conducted. Consequently, the registers were necessarily incomplete.[652] It was clear to guardians that the vaccination processes and procedures were not working at local level. No doubt the Sunderland guardians welcomed the inspector's findings contained in the parliamentary report. The changes in administrative procedures and eventually legislation that followed these inspection reports, constituted a turning point in the successful operation of the public vaccination programme across England and Wales including the Durham unions.

Dr Stevens undertook the inspection of the vaccination districts of the Durham unions in 1864.[653] This inspection provided a complete snapshot of infant and child vaccinations over a three-year period from 1 October 1860 to 30 September 1863. The inspection included analysis of vaccination

[648] *Third Report of the Medical Officer of the Privy Council* (London: HMSO, 1861), p. 22.
[649] *Third Report of the Medical Officer,* pp. 21-22.
[650] Lambert, 'A Victorian National Health Service', p. 8.
[651] Lambert, 'A Victorian National Health Service', p. 7.
[652] *Fifth Report of the Medical Officer of the Privy Council* (London: HMSO, 1862), pp. 56-57, Dr Seaton named the chairman of Sunderland union in his inspection report of Kent, Hereford and Wales.
[653] *Seventh Report of the Medical Officer,* Appendix 2, pp. 55-84, inspection report of the Durham unions.

returns, visits to all workhouses and public schools in the county to examine the arms of all children, and the extent of vaccination in each district and union. The inspectors reported on the following groups: infants under one-year old, expressed as a ratio per 100 births; older children vaccinated, expressed as a percentage of all children examined, and unprotected children, expressed as a percentage of all those examined. The use of births to calculate vaccination ratios was more reliable at the time of the inspection in 1864, than in earlier decades, on two counts. First, parents or guardians were legally responsible for registering births, with registrars in a monitoring role. This improved the accuracy of birth registrations. Second, the registered births had the registered infant deaths removed for calculation purposes. Nevertheless, the author of the report, Dr Stevens, urged caution when considering 'thinly populated districts', where births may not be 'completely registered'.[654]

Table: 3.4: Public infant vaccination rates in Durham unions, 1860-63

Durham Unions	Infants vaccinated	% of births
Auckland	3231	44
Chester-le-Street	1873	53
Darlington	986	36
Durham	3326	57
Easington	1530	41
Gateshead	5879	77
Hartlepool	2315	60
Houghton-le-Spring	1260	45
Lanchester	2308	74
Sedgefield	866	56
South Shields	4246	75
Stockton	4292	69
Sunderland	5986	54
Teesdale	1556	74
Weardale	914	48
Total	**40568**	**59**

Source: *Seventh Report of the Medical Officer*, Appendix 2, p. 58.

The results of the inspection of vaccination in the Durham unions was essentially a tale of two halves, quantity versus quality. On the one hand the county had relatively high levels of vaccination but the quality and hence the effectiveness of the vaccinations received strong criticism. The vaccination levels of infants in the Durham unions had an overall performance of 59 per cent over the three years from 1860 to 1863, and there was a marked improvement for the Sunderland and Chester-le-Street unions and a steady performance for the Weardale union compared to the levels reported during the 1840s (Tables 3.2 & 3.4). The introduction of the compulsory vaccination Act in 1853, which signalled the end of the permissive vaccination era, may have contributed to increased vaccination levels especially in the Sunderland union, although it may also have resulted from the

[654] *Seventh Report of the Medical Officer,* Appendix 2, p. 59.

appointment of all the towns medical men as vaccinators which provided more complete vaccination returns. The larger unions, including Gateshead, South Shields and Stockton, performed better than the other unions of the county, probably because of the greater health risks in the large urban centres, although Sunderland underperformed by comparison. However, Dr Stevens reported that the Sunderland union was increasing its levels of vaccination. Despite these increased numbers of infant vaccinations, very few proved to be effective, an aspect analysed later in the chapter. These findings support Williams's analysis of public vaccination across the country. She found that the urban, industrialised counties, especially in the North-East, had higher levels of vaccination than the agricultural areas.[655] She attributed this to the constant threat of smallpox in the manufacturing districts. Such a threat would probably stimulate both parents and guardians to increase vaccinations. However, after 1873, Williams found the reverse situation when rural areas had by far the highest rates of vaccination, a finding considered later, in the context of Durham's rural unions.

Stevens found that the vaccinators serving the remote areas of Weardale did not provide the service that they had detailed in their schedules. He reported that the public vaccinators 'very completely' vaccinated those in the places where they lived but neglected those in outlying locations.[656] Both the Wolsingham and Stanhope districts were relatively compact and each contained one of the union's two urban settlements, where the public vaccinators resided. There were no unvaccinated children in the Wolsingham district and only four percent unvaccinated in the Stanhope district. However, the widespread and remote districts of St John's and Derwent were 'much neglected' with the lowest levels of infant vaccinations of all the Durham unions.[657] As reported in chapter two the guardians had difficulties appointing qualified medical men in these remote districts. Over the three years examined, Stevens noted that the Derwent district had only submitted one return, and this was not an isolated incident.[658] The Derwent district with a population of 1,233 in 1861 had a 1.2% infant vaccination ratio against an 11.5% birth rate for the three years, and the St John's district with a 5,691 population had a 1.6% infant vaccination ratio, against an 11.5% birth-rate for the three years. These figures equate to fewer than one child per annum vaccinated in the Derwent district and fewer than 4 per annum in the St John's district. In the years when these two districts had no entries in the union's vaccination returns, it is probable that the public vaccinators did not vaccinate any infants. This either left a substantial number of children at risk of smallpox or parents found alternative means of protection. It is possible that alternative vaccinators, such as midwives,

[655] Williams, 'The implementation of compulsory health legislation', pp. 401-402.
[656] *Seventh Report of the Medical Officer*, Appendix 2, p. 56.
[657] *Seventh Report of the Medical Officer,* Appendix 2, p. 63.
[658] TNA, MH12/3335, Weardale, 1849-55, 10 Oct 1851 & 16 Oct 1853, see the 1851 and 1852 returns.

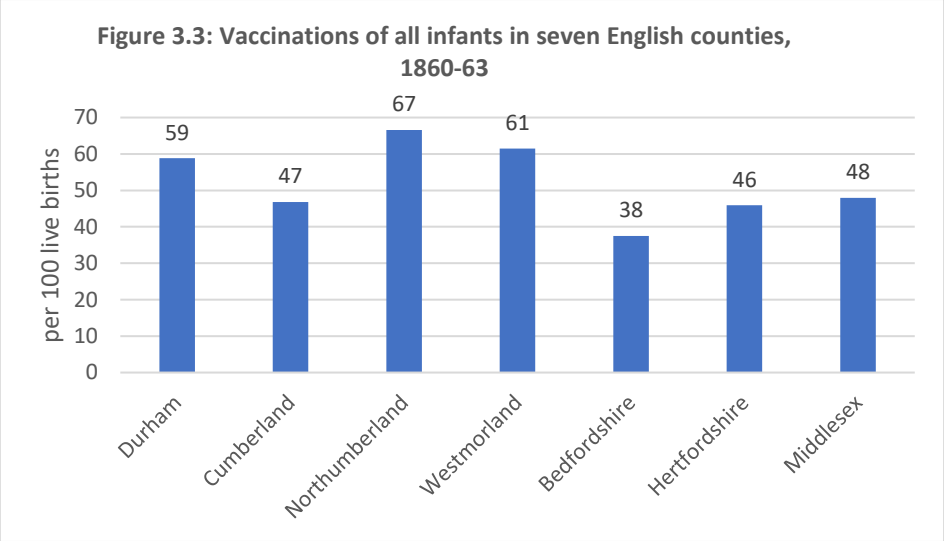
provided infant vaccinations as necessary, but went unrecorded. Neither the guardians nor the Poor Law Board seem to have taken any action on the lack of returns or vaccinations in the two districts. This may reflect local knowledge of the guardians or alternative practices or negligence on their part in fulfilling their duties to those in the more remote districts.

The workhouse vaccinators also neglected their duty to carry out vaccinations in the workhouses and both the master and guardians of the Sunderland union failed to superintend compliance with the demands of both the Poor Law and Vaccination Acts. There were 447 children in the county's workhouses at the time of the inspection in 1864. Of these children, 53 were unvaccinated. This meant over 11% of the workhouse children were unprotected from smallpox. This figure suggests that the guardians of the Durham unions were negligent in their duty to guarantee vaccinations for children under their direct care. These figures, however, masked variations across individual workhouses. Sunderland and Hartlepool, for example, had more than 20% of the workhouse children unvaccinated. Stevens reported that this was 'the more remarkable' because regulations required that the master report to the guardians the number of unvaccinated children under his care.[659] This failure of both the master and the guardians of the Sunderland union is surprising because an outbreak of smallpox the previous year alerted them to the importance of vaccination. In particular, the guardians made efforts to increase vaccination by the appointment of George Denton. He was required to pursue action against those parents with unvaccinated children.[660] This was ten years before the 1871 Vaccination Act that required the appointment of an officer to fulfil this role. In the absence of evidence to the contrary, it is possible that some urgent situation arose in the workhouse, such as the arrival of Irish or other itinerant families seeking work, which was a common occurrence in Sunderland. This could account for the presence of unvaccinated children in the workhouse at this time of apparent vigilance. The inspectors also found poor levels of vaccination performance in workhouses across the country. Dr Seaton reported that from 38 workhouses he inspected in parts of Kent, Hereford and Wales, 8 of them had between 20 and 38 percent of the children unvaccinated.[661] Dr Stevens attributed the poor levels of vaccination in the workhouses of the Midlands unions to the constantly changing populations of the workhouses and the practice of paying for workhouse vaccinations as part of the medical officers' salary in the Nottingham, Basford and Leicester unions.[662] Nevertheless, considered alongside other union workhouses in County Durham, Sunderland did not fare well.

[659] *Seventh Report of the Medical Officer*, Appendix 2, p. 63.
[660] TNA, MH12/3274, Sunderland, 1860-62, 20 Jun 1862.
[661] *Fifth Report of the Medical Officer,* p. 43.
[662] *Fifth Report of the Medical Officer,* pp. 64-65.

The numbers of unvaccinated children and infants varied from district to district and from time to time. A number of particular circumstances explain the variations in the Durham unions. Some districts contained coalmining and navvy populations who moved periodically for work, others were port communities with frequent emigration and immigration.[663] For example, the Auckland and Durham unions, with over 14% of the children unvaccinated, were largely colliery communities. Until 1872 miners in the Durham and Northumberland coalfield worked under the Bond system, which tied them to a colliery for a year, with no guarantee of a future Bond. This meant that before 1872, many coalmining families moved, usually in April of each year, to a new colliery community, in another district or union usually within the two counties of Durham and Northumberland. In 1862 the Weardale railway, which terminated at Stanhope, employed navvies for its construction. This brought a temporary influx of workers and their families to the area which added to the demand for housing and local services. Port communities recorded high levels of unvaccinated children, in places such as Hartlepool, Monkwearmouth in the Sunderland union, Yarm in the Stockton union and Jarrow in the South Shields union. The itinerant lifestyle of all these labouring families was not conducive to the establishment of a regularized vaccination programme, for either the union or the families, despite the constant threat of outbreaks of smallpox. Lambert argued that other factors played a part in children remaining unvaccinated including the inability of guardians to prosecute defaulters and a weak Poor Law Board. However, Stevens gave no indication that this accounted for the numbers of unvaccinated children in the Durham unions. The purpose of the several inspections was to identify all of the problems associated with the vaccination programme not just the number vaccinated, so there is no reason to doubt Stevens's conclusions.

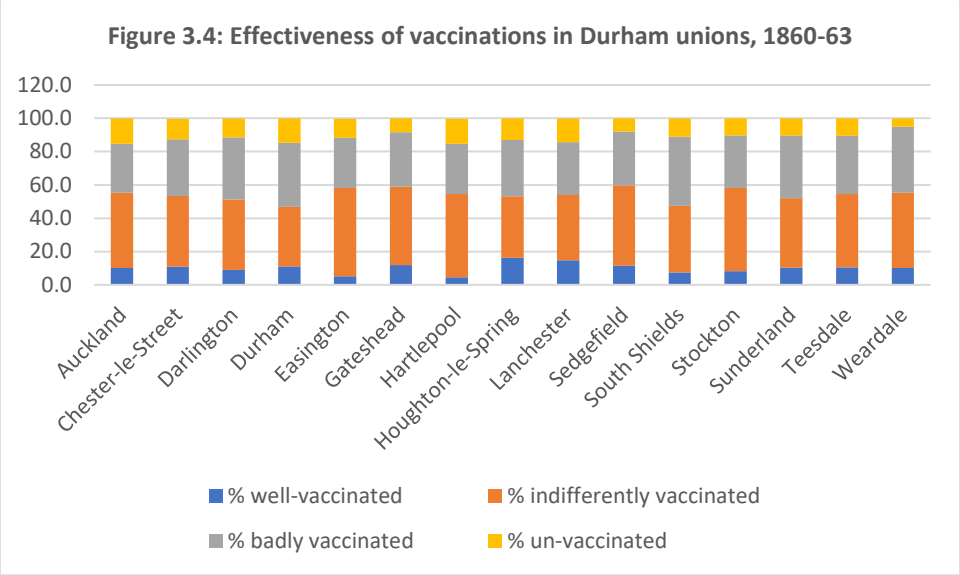
[663] *Seventh Report of the Medical Officer*, Appendix 2, p. 59, this report singled out the coalmining, navvy and port populations.



Source: *Seventh Report of the Medical Officer*, Appendix 2, p. 58.

The same inspection covered six other counties in England, which included Middlesex, Bedfordshire and Hertfordshire in the South of England and Northumberland, Westmorland and Cumberland, along with Durham, in the North of England. This facilitates opportunities for comparison. Figure 3.3 clearly demonstrates that the northern counties had a higher level of infant vaccination than the southern counties. Both Lane and Williams maintain that the presence of smallpox and other diseases in northern industrial areas increased the awareness of the population to the dangers of disease.[664] The northern unions averaged vaccination rates of 57.8% compared to the southern unions 47.4%. These rates and the fact that Dr Stevens reported that there was 'no large town' in the three southern unions inspected that year, supports the findings of Lane and Williams.[665] A similar picture emerged in the school children, with 8.7% unvaccinated in the northern unions compared to 13.1% unvaccinated in the southern unions.[666] It is therefore reasonable to conclude that there was a greater willingness on the part of parents in the north to have their children vaccinated.

[664] Lane, *A Social History of Medicine,* p. 136; Williams, 'The implementation of compulsory health legislation', p. 401.
[665] *Seventh Report of the Medical Officer*, Appendix 2, p. 55; all unions in Bedfordshire and Hertfordshire were inspected but only the extra-metropolitan unions of Middlesex.
[666] *Seventh Report of the Medical Officer*, Appendix 2, p. 57.



Source: Seventh Report of the Medical Officer, Appendix 2, pp. 66-68.

This apparent enthusiasm for vaccination by northern parents did not necessarily provide the protection that they expected for their children. Stevens found 'a very bad quality of vaccination' in the northern counties, which meant that those badly vaccinated were unwittingly at risk of death from smallpox (Figure 3.4). He also reported that some districts in the north had excellent vaccinations. However, overall, he found the northern vaccinations were the worst of 'any of the unions I have visited in previous years'.[667] This finding posed two issues for the Durham unions. The first concerned the competence of vaccinators in their acquisition and use of lymph and the vaccination technique they applied.[668] There were a number of different techniques for obtaining the vaccine and a number of techniques to administer it. The lesion of a recently vaccinated person provided a source of fresh lymph. However, a recently vaccinated person was not always readily available, especially in remote districts such as Weardale. In the absence of a suitable donor, the vaccinator used preserved lymph, which he usually stored and maintained as a reserve. In 1863 the inspector found northern vaccinators were inconsistent and used various means of obtaining lymph.[669] Vaccinators used a lancet to administer the vaccine either as a series of punctures or scratches. In 1859 the medical department of the Privy Council issued instructions detailing the technique that vaccinators should use, a technique that was claimed to be reliable and effective.[670] When inspectors examined the mark on a vaccinated child, they could determine whether the method used was effective or not. In 1863 the inspector found that a wide variety of vaccination

[667] *Seventh Report of the Medical Officer*, Appendix 2, p. 65.
[668] *Third Report of the Medical Officer,* p. 25; public vaccinators were required to make four or five separate punctures or similar to produce equal effect.
[669] *Seventh Report of the Medical Officer*, Appendix 2, pp. 79-80.
[670] Brunton, *The Politics of Vaccination,* pp. 65-67.

techniques operated in the north, most of which resulted in poor quality vaccinations.[671] Under the 1858 Health Act the Privy Council required all public vaccinators, appointed after 1860, to hold the Council's certificate of proficiency. However, most of the Durham unions appointed their public vaccinators before 1860. Consequently, they did not hold a certificate of vaccination proficiency, although all of them held medical qualifications approved by the Poor Law Board. The requirement to acquire a certificate of proficiency in vaccination caused offence in medical circles with hostile commentaries that bemoaned the need to certify a 'fully qualified medical practitioner to make four or five oblique punctures …! What next?' in publications such as the *Lancet*.[672] Nevertheless, the establishment of designated centres across the country allowed medical practitioners to obtain the necessary training and certification to vaccinate.[673] When the guardians of the Durham unions appointed public vaccinators, they ensured they undertook appropriate training before obtaining approval from the Poor Law Board and before they commenced their duties, although some difficulties remained in the remote areas of the Weardale union throughout the 1860s. The training of Durham's public vaccinators to properly administer the smallpox vaccine provided a number of benefits. Vaccinators could better protect children against smallpox, they could boost parental confidence in its effectiveness, and they could diminish the incidence of smallpox through increased vaccinations in the county's unions in line with other counties of England and Wales.

The second issue arising from poor quality vaccinations concerned the longer-term consequences for the population. Inspector Stevens found over a third of the children in Sunderland had been vaccinated badly and more than ten percent not vaccinated at all. This meant almost half of the children were potentially unprotected from smallpox. Weardale had similar findings with over forty percent potentially unprotected. Although Sunderland and Weardale had high levels of potentially unprotected children, the thinly populated Weardale union had fewer outbreaks of smallpox. Sunderland, as a densely populated urban settlement, had all the conditions for serious epidemics to develop and spread. Nevertheless, Weardale was not immune. In the 1862-64 epidemic, those in the Thornley district of the Weardale union suffered a severe outbreak of smallpox. The disease spread to Tow Law in the Thornley district from the mining communities of the Auckland union and resulted in 'many hundreds' of cases in a community with a population of 3,264 in 1861.[674] This may have resulted from the bond system described earlier with the movement of mining families from one colliery community to another. Recurring outbreaks of smallpox in the Durham unions and the poor

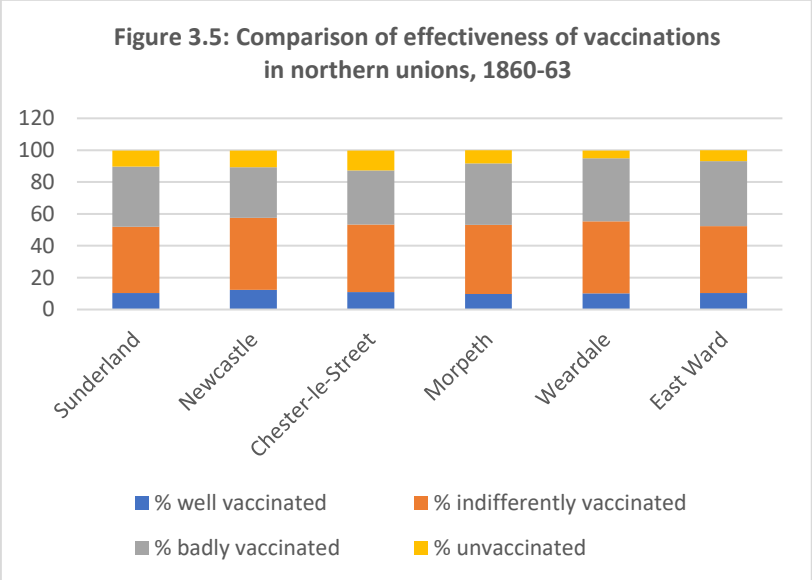
[671] *Seventh Report of the Medical Officer*, Appendix 2, pp. 79-80.
[672] *Lancet,* v2, 17 Dec 1859, pp. 622-623.
[673] Brunton, *The Politics of Vaccination,* pp. 67-68.
[674] *Seventh Report of the Medical Officer*, Appendix 2, p. 83.

quality of vaccination created longer-term issues. Hardy states that thousands of badly vaccinated people throughout the country progressed to adulthood in the later decades of the nineteenth century potentially unprotected from smallpox. This had implications for the determination of the extent to which vaccination was effective against smallpox and made statistical evidence unreliable.[675] This argument adds weight to Lambert's claim that the reduction in smallpox vaccinations in the 1890s resulted from a decline in the virulence of smallpox and 'its terrors became increasingly remote'.[676] The last major outbreak of smallpox in Europe occurred in 1870-75. Williams found the mining districts of Durham severely affected during the epidemic in England and Wales in 1871-2, whereas the rural parts of the South of England hardly felt its impact.[677] This thesis has similar findings. The epidemic in the Durham unions was reported earlier in this chapter when the Sunderland union experienced a particularly bad outbreak of smallpox (Figures 3.1 & 3.2). These figures also demonstrated that only the rural unions of County Durham escaped the impact of smallpox deaths. Sunderland experienced a further outbreak during the 1880s. So, despite the uptake of vaccination across the county, these outbreaks of smallpox suggest the main issue facing the county's unions lay with the competence of its vaccinators.

Other factors could also account for poor quality vaccinations. A criticism frequently made by public vaccinators in the 1840s, appeared again in an 1859 parliamentary report. In this 1859 report Simon complained that '[a]ll persons, medical men, clergymen, amateurs, druggists, old women, midwives &c. are allowed to vaccinate in any way he or she may think proper', suggests that unfettered private vaccinators continued to operate widely in the north.[678] This practice may account for the high level of poor vaccinations, especially in the Durham unions, which evidenced similar remarks. The Weardale union experienced additional problems finding and keeping medical officers, a problem that applied equally to public vaccinators. Even when the guardians found a medical man, he did not necessarily have the required public vaccinator qualifications nor demonstrated a willingness to undertake the necessary training. The guardians made several appointments of unqualified public vaccinators from the start of the vaccination programme and in 1865 they reported on the impossibility of appointing qualified medical practitioners in the remote districts.[679] It is doubtful whether any authorised public vaccinations took place in the remote Thornley and

[675] Hardy, 'Smallpox in London', pp. 116-117.
[676] Lambert, 'A Victorian National Health Service', p. 14.
[677] Williams, 'The implementation of compulsory health legislation', p. 406.
[678] *Second Report of the Medical Officer,* p. 4.
[679] TNA, MH12/3337, Weardale, 1862-Jul 1871, 18 Nov 1865.

Derwent districts of Weardale.[680] The local population probably relied on unqualified private vaccinators in the district.[681] In the rural Hollingbourne union, Clark found that both the central and local authorities failed to address issues of poor vaccination performance. Nevertheless, the guardians continued to appoint poor-performing vaccinators. She claimed that this stemmed, in part, from the requirement of the Local Government Board that medical men should live in the district, which created difficulties for unions such as Hollingbourne because medical practitioners were under-represented in rural districts.[682] Shave found that rural unions in Dorset experienced similar difficulties and obtained medical attendance from medical men in neighbouring unions.[683] This was a tactic adopted by the Weardale guardians. In 1866 the guardians were able to negotiate the services of a public vaccinator in a neighbouring union, which proved stable and reliable for several years.[684] It is clear that a number of factors including the availability of qualified public vaccinators contributed to the poor-quality vaccinations in the Durham unions.



Source: Seventh Report of the Medical Officer, Appendix 2, pp. 66-69.

Inspectors also found poor quality vaccinations in other northern unions which compared unfavourably with the southern districts inspected in the same year. The southern unions of

[680] TNA, MH12/3334, Weardale, 1843-48, 14 Mar 1846, 7 July 1847, 25 Oct-4 Dec 1847 & 17 Mar-1 Apr 1848; MH12/3335, 1849-55, 24 Mar 1849 & 24 Mar-19 Jun 1855; MH12/3336, 1856-61, 8 Dec 1860-9 Jan 1861 & 2 Mar-15 Apr 1861; MH12/3337, 1862-Jul 1871, 19 Mar-9 Apr 1862, 2 Aug 1862-23 Jan 1863, 28 Mar 1863, 3 Dec 1864-5 Jan 1865, 25 Mar 1865 & 6 May-21 Aug 1865, correspondence on several appointments relating to unqualified medical practitioners.
[681] TNA, MH12/3335, Weardale, 1849-55, 21 Mar 1851, correspondence reports that people preferred to choose their own practitioner.
[682] Clark, 'Compliance with Infant Smallpox Vaccination Legislation in Hollingbourne', p. 197.
[683] Samantha A. Shave, *Pauper Policies, Poor Law Practice in England, 1780-1850* (Manchester: Manchester University Press, 2017), p. 216.
[684] TNA, MH12/3337, Weardale, 1862-Jul 1871, 24 Mar 1866.

Middlesex, Bedfordshire and Hertfordshire had 30% of children well-vaccinated against the northern unions of Durham, Northumberland, Westmorland and Cumberland, with 11.3% well vaccinated. Dr Stevens reported 'a very decided difference' between the northern and southern unions under examination. Nevertheless, he found pockets of 'excellent vaccination … in districts contiguous to those in which a very bad type has been discovered'.[685] This difference in vaccination quality, between northern and southern unions, is in accord with Williams's findings on the smallpox deaths of the 1871-72 epidemic. She illustrates the concentrations of smallpox deaths across the country and found the most severely affected areas included the mining districts of County Durham and the towns of Sunderland, Durham, Newcastle-upon-Tyne and Gateshead.[686] Her analysis leads her to conclude that Durham and Northumberland along with London acted as gateways for disease including smallpox.[687] Although London, as a capital city, is not typical of other towns or areas in the country, it is worth pointing to Mooney's findings on vaccination there. His investigations revealed poor quality vaccinations were extensive across London during the 1860s and, like the North-East of England, the city suffered some of the highest levels of smallpox deaths during the 1871-72 epidemic.[688] To investigate the northern region more closely this chapter has identified unions in different northern counties, that bear some similarity to each other. Figure 3.5 provides comparison between the urban unions of Sunderland and Newcastle-upon-Tyne in Northumberland, the mining unions of Chester-le-Street and Morpeth in Northumberland, and the rural unions of Weardale and East Ward in Westmorland. They all show similar levels of vaccination performance in each category. Although these levels of badly vaccinated children in the north placed more children at risk of smallpox than those in the south, the outcome clearly did not deter parents in the north from having their children vaccinated.

The inspector accused the guardians and public vaccinators of the Weardale union of showing little concern for the quality of vaccinations because they held the results of vaccination of 'slight importance'.[689] Stevens made this claim on the basis that the vaccination contracts contained vague scheduling. Regulations required vaccinators to work to an approved schedule for vaccinations, to administer vaccinations according to a prescribed method, to determine the success of vaccination by inspection eight days later, to issue certificates of successful vaccination to parents and the registrar, and to maintain a register of all vaccinations.[690] One Weardale vaccinator's contract

[685] *Seventh Report of the Medical Officer*, Appendix 2, p. 65.
[686] Williams, 'The implementation of compulsory health legislation', p. 406.
[687] Williams, 'The implementation of compulsory health legislation', p. 408.
[688] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 279.
[689] *Seventh Report of the Medical Officer,* Appendix 2, p. 74.
[690] TNA, MH12/3335, Weardale, 1849-55, 31 Dec & 9 Jan 1854.

stipulated that he would check the vaccination 'when necessary the eight [sic] day after for inspection', which gave no reassurance to the central authority or the guardians of a timely examination for the production of valid certificates of vaccination.[691] However, this criticism did not take account of the time, nor of the visits that the public vaccinators made to local residences in addition to the scheduled vaccination sessions. These were both important considerations in an extensive union, such as Weardale, where travel could waste the valuable services of public vaccinators and home visits facilitated local need. The vagueness of a public vaccinator's contract provided flexibility for the vaccinators, which was important for them in sparsely populated rural areas such as Weardale with vaccination districts that had few births. The public vaccinator was also the poor law medical officer. It was often more convenient for the public vaccinator to check the success of vaccinations in the course of his visits to other sick patients in the district. Before the final approval of the Weardale vaccination contracts in the 1850s, the guardians had corresponded with the Poor Law Board, over a three-month period, about the arrangements necessary for vaccination. In one piece of correspondence the guardians reported that they considered it 'useless' to contract for multiple attendances at vaccination stations in the district because of 'experience having shown that Statutory Regulation to be locally inoperative'.[692] The guardians finally obtained the approval of the Poor Law Board on arrangements for vaccinators on 31 January 1854.[693] The schedule approved made no reference to home visits. This evidence supports Brunton's claim that vaccinators had a great deal of freedom on how they organized their vaccination schedules with little interference from guardians and her finding that many vaccinated in the children's own homes.[694] In Norfolk, government inspectors reported that vaccinators contracts were often impractical and in the Blything union vaccinators visited children in their own homes.[695] The flexible operation of contracts by public vaccinators to meet local circumstances was clearly widespread across the country, especially in rural districts. The guardians fought hard for the Weardale vaccination contracts, and this example adds weight to Lambert's claim that central opposition jeopardized the vaccination system. He argues that the clerical administration of the Poor Law Board clashed with the specialist administration required to operate a successful medical system.[696] Despite this conflict the scheduling aspect of vaccinators contracts operated well in most of the Durham unions, even if vaccinators in the rural unions often ignored them to suit local conditions.

[691] TNA, MH12/3335, Weardale, 1849-55, 31 Dec & 9 Jan 1854.
[692] TNA, MH12/3335, Weardale, 1849-55, 14 Jan 1854.
[693] TNA, MH12/3335, Weardale, 1849-55, 2 Nov 1853-31 Jan 1854, correspondence between guardians and poor law board.
[694] Brunton, *The Politics of Vaccination,* pp. 78-79.
[695] *Fourth Report of the Medical Officer of the Privy Council* (House of Commons, 1861, 179, 11 April 1862), Appendix pp. 114-115.
[696] Lambert, 'A Victorian National Health Service', p. 8.

A certificate of successful vaccination and its entry into the vaccination register formed the basis of payment to a public vaccinator. For example, the Sunderland guardians only paid the public vaccinators on production of a certificate of successful vaccination.[697] However, this was not the regular practice in other Durham unions. In order to economise on time, some of the public vaccinators in the Durham unions would certify 'the success of his vaccinations at the time that he performed the operation', rather than the obligatory eight-days later.[698] Practices such as these, not only questioned the validity of successful vaccinations, but also led to inaccurate payments by guardians to vaccinators. The Weardale guardians did not require a certificate of successful vaccination before issuing payment and several of the coalmining unions paid the public vaccinators without certification, including Houghton-le-Spring, Auckland and Lanchester.[699] This varied practice meant guardians potentially paid vaccinators regardless of the quality of vaccination. Mooney also found that the London guardians rarely scrutinized the vaccination registers.[700] Like the guardians of the Durham unions he concluded that the guardians of the London unions made inaccurate payments to their vaccinators. The findings of this study in the Durham unions and those of Mooney have important implications for the interpretation of the parliamentary reports on smallpox vaccination. Because the vaccinators' certificates and registers formed the basis of the annual returns by guardians to the Poor Law Board, any errors in the certificates or registers would carry through into the parliamentary reports. This evidence acts as a cautionary tale for researchers on the reliance of parliamentary reports on vaccination between 1840 and 1871. Accounts, such as these and those detailed earlier, led Simon to demand greater clarity of public vaccinators' contracts with close monitoring. He determined that the fault lay with the variable systems of administration operated by the guardians.[701] Under these circumstances, he considered it 'manifestly … unjust' to punish parents of unvaccinated children.[702] These findings clearly demonstrate that a number of areas of vaccination operation needed attention before the guardians and vaccinators of the Durham unions could ensure quality vaccinations, accurate payments and accurate returns.

Although guardians had to operate within the confines of regulations, they were nevertheless responsible for the operation of the vaccination service across the union. If they agreed schedules

[697] *Seventh Report of the Medical Officer*, Appendix 2, p. 61.
[698] *Seventh Report of the Medical Officer*, Appendix 2, p. 74.
[699] *Seventh Report of the Medical Officer*, Appendix 2, p. 75.
[700] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 272.
[701] *Sixth Report of the Medical Officer of the Privy Council* (London: HMSO, 1864), p. 7; *Fifth Report of the Medical Officer,* pp. 5-9.
[702] *Fifth Report of the Medical Officer,* p. 9.

between vaccinators and the Poor Law Board, then parents needed to know the arrangements so that they could attend when necessary. In the Durham unions, Stevens reported that public notices were non-existent in the Houghton-le-Spring and Sedgefield unions, and while Sunderland issued public notices every few years, Weardale only issued one in 1853.[703] Mooney found that the requirement to notify parents of vaccination arrangements in the London unions only occurred during epidemic periods, and those issued by the registrars of births often conflicted with the current arrangements. In many instances the vaccinator did not conform to published schedules. Mooney describes the conflicting arrangements as farcical and finds it ironic that guardians appointed an officer to prosecute non-conforming parents.[704] Proceedings against non-compliant parents in the Durham unions were rare with only Stockton taking any legal action prior to the 1870s.[705] Perhaps the most serious shortcoming, however, lay with the guardians who contracted fully qualified public vaccinators in order to gain approval from the central authorities, but then allowed these vaccinators to sub-contract to unqualified deputies.[706] Probably the most flagrant case occurred in the Wingate district of the Easington union. The guardians there awarded a vaccination contract to a vaccinator who no longer lived in the union or in the county. In the northern unions, the inspector did not find 'one instance … of the December 1859 order … complied with by guardians in respect to … deputies'.[707] Finally, record keeping was universally lacking, both by the public vaccinators and registrars.[708] Smallpox was epidemic and, in some areas, endemic, mainly in the colliery districts of the county, such as Oakenshaw and Willington in the Durham union and Medomsley in the Lanchester union.[709] Records were unreliable if they did not distinguish the vaccinated from the unvaccinated because it made it difficult to know the status of those who died. These and other findings described earlier, formed the basis of Steven's report on the vaccination operation in the Durham unions. When combined with the other inspection reports from across the country, a strong body of evidence existed that demanded change.

The reports to parliament of the inspections commissioned in the early 1860s, were instrumental in informing the changes in laws and regulations of public vaccination. There is no doubt that the

[703] *Seventh Report of the Medical Officer*, Appendix 2, p. 77, Stevens does not provide the source of his information for the table that contains details of public notices, issued by all of the unions in the north. Possible sources include the clerk to the union, the minutes of guardians, or the union ledgers.
[704] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', pp. 270-271.
[705] *Seventh Report of the Medical Officer*, Appendix 2, p. 77.
[706] *Seventh Report of the Medical Officer*, Appendix 2, p. 78.
[707] *Seventh Report of the Medical Officer,* Appendix 2, p. 78, the 1859 order stipulated the qualifications of vaccinators and deputies, how to fulfil the vaccination contract and how to obtain training and certification.
[708] *Seventh Report of the Medical Officer*, Appendix 2, pp. 80-81.
[709] *Seventh Report of the Medical Officer*, Appendix 2, p. 82.

changes led to significant improvements in the administrative systems for vaccination across the country. The evidence from the Durham unions supports Lambert's claim that these changes were long overdue.[710] Improvements such as better-defined regulations and a more rigorous application and implementation of the processes and procedures would have brought greater clarity for those responsible for operating the system and those using it, especially parents. Better coordination between the central bodies, guardians, public vaccinators and registrars would have provided a vaccination system that met parental need and produced more reliable data. All of these improvements could have materialised earlier. For example, the complaints of guardians went unheeded, partly because there was a lack of medical expertise on the boards of central and local authorities but perhaps also because the administrative styles of the Poor Law Board and the Privy Council differed. Lambert contrasts the approach of the two central authorities. On the one hand the Poor Law Board perceived its vaccination responsibilities as no more than issuing circulars and giving approval to regulatory procedures and operations submitted by guardians. He claims the Board did not care about vaccination nor did it enforce any of its orders. The extensive correspondence between the guardians of the several Durham unions and the Poor Law Board support Lambert's claims. These invariably ended with the Poor Law Board acknowledging the problems and withholding their approval, but without seeking a resolution in the defective regulations and procedures. It was not until the Medical Department of the Privy Council instituted county-wide inspections that change occurred. This supports Lambert's assertion that the Medical Department of the Privy Council was a meticulous, specialist body that pursued the operation of a successful scientific and medical vaccination system.[711] The Durham unions experiences and the complaints of guardians, all pointed to the need for legislative change, revised processes and procedures and regular monitoring. These came in the first instance in the form of the 1867 Act followed by the 1871 Act and the creation of the Local Government Board.

Legislation thwarted the Sunderland guardians' attempts to improve vaccinations in 1862 at the time of a smallpox outbreak. They planned to appoint George Denton to pursue parents with unvaccinated children and to institute proceedings against those who refused to have their child vaccinated. Parliament later incorporated this post, as the vaccination officer, into the 1867

[710] Lambert, 'A Victorian National Health Service', pp. 1-2, Lambert identified six phases of vaccination development and operation, two of which were: phase 3, 1853-71, enforcement and a reshaping of legislation and administration to fulfil it and phase 4, 1871-83, consummation. He describes the latter as the perfected system and ascribes the success of this achievement to the Medical Department of the Privy Council and its chief John Simon. Lambert also reported that the law and machinery were inoperative and that Simon's inspectors, in the 1860s, repeatedly claimed that the defective machinery required legal and administrative reform, pp. 8-9.

[711] Lambert, 'A Victorian National Health Service, p. 15.

Vaccination Act and made it a compulsory appointment in the 1871 Vaccination Act. However, at the time of Sunderland's request to appoint, the Poor Law Board informed the guardians that they could not legally pay him a salary or allowances for any prosecutions of parents, because no provision existed for such payments by the guardians.[712] They also informed the guardians that they had no authority to make any such charges to their common fund or to charge it to any particular parish. The Justices of Court, however, had the power to determine the amount of any expenses for any case that the guardians brought against parents who refused to have their child vaccinated. The Justices also determined whether these expenses could be claimed from the poor rates of the parents' parish. However, in the event that the magistrate refused to certify expenses, then the guardians were unable to claim any expenses from the poor rates.[713] With no guarantee that the guardians could pay for Denton's services they did not make the appointment. The Poor Law Board could only suggest that if the clerk instituted and conducted proceedings, he could claim under article 202 of the consolidated order. The Sunderland clerk, however, did not have the time to undertake this role and did not think that the guardians could impose it on him.[714] Magistrates often thwarted attempts to pursue parents who did not have their children vaccinated.[715] So, with limited means of claiming costs guardians were reluctant to pursue prosecutions.

The 1867 Vaccination Act introduced a number of mechanisms to enforce vaccination. The Act allowed guardians to claim the expenses of prosecutions of non-compliant parents; guardians were compelled to follow vaccination regulations; non-compliant parents could be fined cumulatively; compulsory vaccination applied to all children up to 14 years of age; and to encourage quality vaccination, public vaccinators were awarded an additional 1s per case for vaccinations that inspectors judged 'first-class' and 8d for 'second-class'.[716] The 1871 Act went further and required guardians to appoint a vaccination officer to monitor vaccinations and to pursue non-compliant parents. The Sunderland guardians appointed a vaccination officer prior to the implementation of the 1871 Act. They employed John Thompson, at £2 per week, an appointment occasioned by a smallpox outbreak in the union. [717] The appointment proved successful, and the guardians

[712] TNA, MH12/3274, Sunderland, 1860-62, 27 Jun 1862, prosecutions against parents for unvaccinated children came under Statutes 24 & 25 Vict. C. 59, Offences Against the Persons Act, 1861.
[713] TNA, MH12/3274, Sunderland, 1860-62, 20 Jun 1862, the justices' powers came under the Act that the prosecution was made, 24 & 25 Vict. C. 59.
[714] TNA, MH12/3274, Sunderland, 1860-62, 28 Jul 1860.
[715] *Seventh Report of the Medical Officer,* Appendix 2, p. 76, it was reported that the uncertainty of securing a conviction deterred guardians from pursuing prosecutions of parents with unvaccinated children. In several instances although cases were proved before magistrates they refused to convict.
[716] Bauke, *Baukes Vaccination Acts, 1867-71,* pp. 2, 4, 17, 18 & 21.
[717] TNA, MH12/3276, Sunderland, 1870-71, 13 Jun 1871.

consolidated the position at £100 per annum in December 1871.[718] The appointment allowed the Sunderland guardians to pursue non-compliant parents more effectively.

In 1872 a Sunderland guardian challenged the report of the vaccination officer and claimed that he was being unfair to one man who he repeatedly prosecuted 'while so many were allowed to go free'.[719] The guardians requested the vaccination officer to submit a report detailing all of the cases that he had proceeded against. The parent in question was Robert Paxton, a grocer and beer-housekeeper of Monkwearmouth. The vaccination officer's report detailed all of the union's births, vaccinations, removals, deaths, defaulters and subsequent actions, unfit children with certificates, and returned certificates of successful vaccination, for the whole of the previous year. The report contained only three defaulters from over 5,000 vaccinations. An account in the local newspaper of Thompson's report, and a Local Government Board inspection report both praised the record-keeping and the report of the vaccination officer.[720] A subsequent inspector's report found that the vaccination officer performed his duties 'very efficiently' with 88% of children born in the latter half of 1872 vaccinated. The inspector expressed satisfaction with Thompson's work, adding that 'the vaccination officer began under disadvantages but has not only done well … but [has] also recovered much of the lost ground'.[721] The detail in Thompson's report clearly evidenced his comprehensive record keeping on the vaccination of the union's children. He demonstrated the value of the vaccination officer's role for both the guardians and the Local Government Board when challenged on vaccination operations and shortcomings.

[718] TNA, MH12/3277, Sunderland, Aug 1871-1872, 26 Dec 1871.
[719] TNA, MH12/3277, Sunderland, Aug 1871-72, 25 Nov 1872.
[720] TNA, MH12/3277, Sunderland, Aug 1871-1872, 64949/722, contains copies of the *Sunderland Times,* 'The State of Vaccination in Sunderland' and the *Sunderland Times,* 'The Vaccination Officer's Report'. These articles are pasted onto the same page with a handwritten heading that names the paper and the date, 22 November 1872. One article was reported 'a week or two back' but it is not clear which one was reported on the 22 November 1872.
[721] TNA, MH12/3278, Sunderland, 1873, 25 Oct 1873.

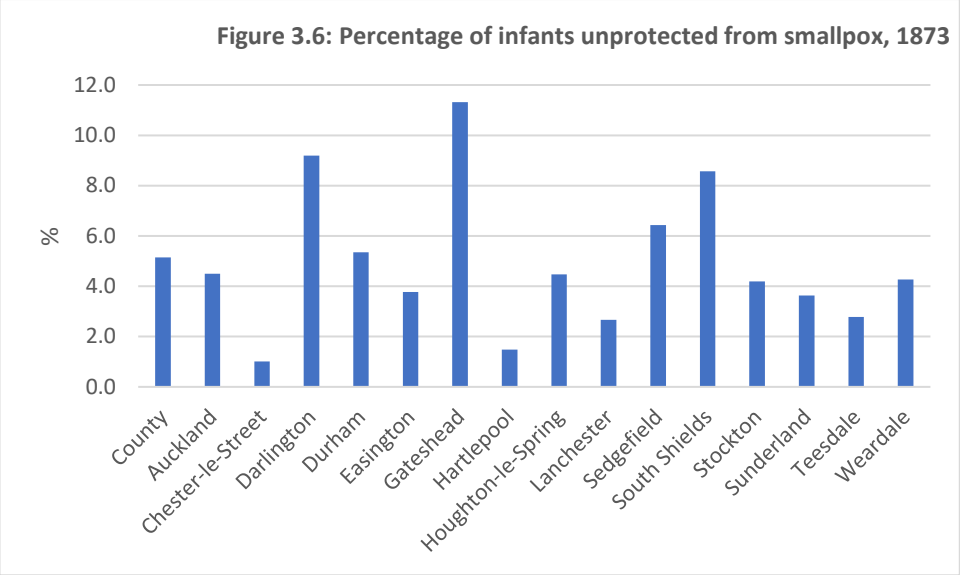
Table 3.5: Levels of all infant vaccinations reported by the public vaccination officers of the Durham unions, 1873

Union	% vaccinated or protected	% insusceptible*	% deceased infants	% unknown assumed unprotected
Auckland	95.5	0.1	13.3	4.4
Chester-le-Street	99.0	0.1	11.6	0.9
Darlington	90.8	0.7	11.8	8.5
Durham	94.7	1.4	10.1	3.9
Easington	96.2	0.7	11.6	3.1
Gateshead	88.7	1.2	12.7	10.1
Hartlepool	98.5	0.5	11.6	1.0
Houghton-le-Spring	95.5	0.1	10.7	4.4
Lanchester	97.3	0.4	11.0	2.3
Sedgefield	93.6	1.7	12.4	4.8
South Shields	91.4	0.1	11.2	8.5
Stockton	95.8	1.4	10.3	2.8
Sunderland	96.4	0.3	11.3	3.4
Teesdale	97.2	1.0	8.9	1.7
Weardale	95.7	0.0	11.1	4.3

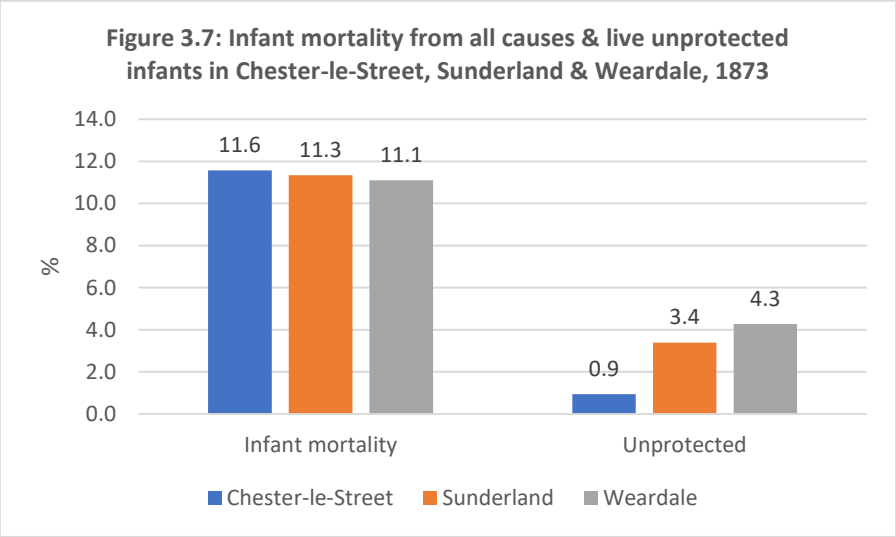
Source: *Reports of the Medical Officer of the Privy Council and Local Government Board,* New Series, No. VII (London: HMSO, 1876), App. No. 2, p. 20.

* This column includes those children who would not benefit from vaccination (insusceptible) through an immunity, and those whose vaccination was postponed by reason of illness or other debility.

The Vaccination Acts of 1867, 1871 and 1873 brought significant changes to the existing laws relating to public vaccination. In addition to changes already mentioned, inoculation was outlawed, training for vaccinators was enforced, regular inspections were conducted, and compulsory vaccination was reinforced with penalties for non-compliance. Compulsory legislation remained in place until the Acts of 1898 and 1907, the latter being more permissive than the former. By 1875 we can place greater reliance on the data than in earlier years. This was because vaccination officers monitored vaccinations, parents were legally obliged to register births and deaths, and private practitioners had to provide lists of all children they vaccinated to the vaccination officer, so the necessary data was more complete. Although this challenges confidence in the quality of earlier data, the increased rates in 1873 are so great that we can safely say that as a result of these changes, both in data collection and legislation, that the proportion of children vaccinated in the Durham unions increased compared to the earlier decades (Tables 3.3, 3.4 & 3.5).



Source: *Reports of the Medical Officer of the Privy Council and Local Government Board,* New Series, No. VII (London: HMSO, 1876), App. No. 2, p. 20.



Source: *Reports of the Medical Officer of the Privy Council and Local Government Board,* New Series, No. VII (London: HMSO, 1876), App. No. 2, p. 20.

Three of the six urban unions had the highest levels of unprotected infants, Gateshead at 10.1%, and Darlington and South Shields both at 8.5% (Table 3.5, column 5 & Figure 3.6). These large urban unions continued to experience influxes of itinerant families, a problem discussed earlier. Despite the improved systems, immigration continued to be an issue for the guardians of Durham's large urban unions. Comparing Sunderland and Weardale, Sunderland had a higher percentage uptake of infant vaccination than Weardale, a lower level of unprotected infants and similar infant mortality rates (Table 3.5 & Figure 3.7). So, on these measures urban Sunderland performed better than rural Weardale. However, considered in real terms, Sunderland's 3.4% represented 161 infants, whereas Weardale's 4.3% was only 26 infants, figures indicative of the levels of population and density. In the two rural unions Weardale had the higher level of unprotected infants at 4.3% with Teesdale on

1.7% (Table 3.5, column 5). Teesdale was also the best performing union in the county. It is not possible to conclude from this that rural areas fared better than urban. However, the vaccination return submitted by the Weardale union for 1872 reported that 89 of the 97 unvaccinated infants in the Wolsingham parish lived in Tow Law. This represented over 15% of the unprotected infants in the Wolsingham parish. Tow Law developed from the 1850s onwards as an urban community which resulted from the development of coal and iron ore industries. The removal of vaccination figures for Tow Law, with adjustments to the births, provides a better assessment of the vaccination performance for rural Weardale. The recalculated percentage of unvaccinated infants in rural Weardale is of a similar order to Teesdale. It is therefore reasonable to conclude that infants in the rural areas of County Durham had higher protection from smallpox than other communities in the county.[722] This supports Williams's finding, referred to earlier, that rural areas had the highest rates of vaccination.[723] Weardale had difficulty recruiting and keeping medical officers and public vaccinators, as discussed earlier in the chapter, and this continued to prevail. However, the appointment of vaccination officers, and the detailed vaccination and birth records, made identification of non-compliant parents a simple process. This facilitated the adoption of targeted and laboursaving strategies previously unavailable.

Table 3.6: Prosecutions of non-compliant parents in the Durham unions

Year	Births	No. prosecuted	No. discharged	No. Fined	Repeat offenders	Fined per 10,000 births	Prosecuted per 10,000 births	Repeat offenders per 10,000 births
1870	30127	30	26	4	1	1.3	10.0	0.3
1871	31677	120	26	94	12	29.7	37.9	3.8
1872	34033	38	12	26	10	7.6	11.2	2.9
1873	36410	22	1	21	1	5.8	6.0	0.3
1874	38353	11	2	9	0	2.3	2.9	0.0

Source: *Return of Number of Prosecutions in England and Wales under Vaccination Act (1867), 1870-74,* 400, LXI.635, 61 (House of Commons Papers, 1875), pp. 10-15.

Although most parents complied with the laws on vaccination, the appointment of vaccination officers made it easier to identify noncompliant parents. The 1867 and the 1871 Vaccination Acts tightened up on the compulsory measures and the prosecutions of non-compliant parents increased in County Durham (Table 3.6). 1871 saw the highest number of prosecutions in the Durham unions, as well as the highest number of repeat offenders. This was a year of smallpox epidemic across most of England, so guardians were motivated to pursue prosecutions in order to encourage the

[722] TNA, MH12/3338, Weardale, Aug 1871-1874, 6 Apr 1872, the birth rate of 618 has been reduced by 100 to reflect a conservative estimate of Tow Law births. No adjustment has been made for infant deaths. The number of unprotected infants has been reduced by 89 as reported in the Weardale vaccination return. The adjusted proportion of unprotected infants has been calculated as 1.5%.
[723] Williams, 'The implementation of compulsory health legislation', p. 402.

vaccination of infants. In subsequent years, the number of prosecutions in all categories declined. Two factors probably account for this reduction, the increased fear of smallpox immediately following an epidemic that stimulated vaccination uptake in 1871 and the realisation by parents that the guardians were serious in their intent to prosecute non-compliant parents. It seems safe to conclude that most of these non-compliant parents were not anti-compulsory vaccination, rather they were neglectful or forgetful in the care of their infants. However, the repeat offenders cannot be accounted for in this way. The fact that they were willing to repeatedly pay a fine of up to 20s suggests that they may have objected to compulsory vaccination. The decrease in the number of repeat offenders makes it difficult to come to a firm conclusion on this group. As parents they may have lacked the financial means to resist, or they may have felt intimidated by the system and its officers.

The Anti-Compulsory Vaccination League was founded in 1867. According to Williams, by 1869 a number of centres of agitation had emerged in northern areas, including Durham.[724] However, she does not indicate what evidence exists for this assertion and it is not clear whether she refers to Durham city or County Durham. This research has not identified strong evidence to support her claim beyond a small number of newspaper articles that reported 'moderately' attended public meetings in towns such as Darlington and Sunderland.[725] The central authorities, however, seem to have held concerns regarding vaccinations in the Durham union. They sent a medical inspector on behalf of the Privy Council to attend a Durham guardians' meeting regarding the high levels of unvaccinated children in the union and the lack of prosecutions.[726] A verbatim account of the meeting in a local newspaper suggests that the Durham guardians did not fully comprehend the information they had available to them for monitoring levels of infant vaccination in the union and they expressed reluctance to prosecute parents. Only one guardian expressed remarks sympathetic to the anti-vaccination movement, but this did not reflect the majority view of the Board. An editorial in the same newspaper reported that in the county the 'opponents of vaccination are not numerous'.[727] The visit of the medical inspector seems to have encouraged the Durham guardians to pursue prosecutions. In 1871 forty-four of the county's prosecutions were in the relatively compact Durham ward district. Sixteen of these received a discharge because the parents had their child

[724] Williams, 'The implementation of compulsory health legislation', p. 403.
[725] *Sunderland Daily Echo,* 3 November 1876, p. 3, c. 1, the paper reported an antivaccination public meeting had 'moderate attendance'.
[726] *Durham County Advertiser,* 17 December 1869, p. 3, cc. 5-6, the paper reported the attendance of Dr Wilshire on behalf of the Privy Council because of the lack of prosecutions. The union reported between 1500 and 2000 infants were unvaccinated.
[727] *Durham County Advertiser,* 17 December 1869, p. 5, c. 6.

vaccinated and five received a discharge because the child had died.[728] Local newspaper accounts indicate that guardians of the Durham unions pursued a number of prosecutions, but most parents seem to have agreed to have their child vaccinated rather than face a fine. In such cases parents usually had two weeks to comply.[729] In the Durham union one newspaper reported twenty-seven persons appeared in court, charged with noncompliance with vaccination regulations. Twenty-six of these agreed to have their child vaccinated. The remaining person, Mr Gray of Silver Street in Durham city, refused on the grounds of conscientious motives. He received a fine with costs.[730] The evidence available does not indicate why Durham had high levels of unvaccinated infants but the response of parents, faced with prosecution, does not suggest they held strong anti-vaccination views. Additional evidence seems to support this view.

Table 3.7: Prosecutions of non-compliant parents over two decennial periods

	1869-79		1879-89	
	No. prosecuted per 10,000 births	Repeat offenders per 10,000 births	No. prosecuted per 10,000 births	Repeat offenders per 10,000 births
Durham	12.9	1.5	7.3	1.1
England	8.2	1.0	13.2	1.9

Sources: *Return of Number of Persons who have been Imprisoned or Fined for Non-Compliance with Act relating to Vaccination of Children (Amended),* 289, LXXVI.651, 76 (House of Commons Papers, 1881), pp. 2-26; *Return of Convictions under Vaccination Acts, Repeated Convictions and Amount of Repeated Fines, 1889-90,* 104, LIX.595, 59 (House of Commons Papers, 1890), pp. 2-26, NB. The title of this paper seems to be a misprint of 1889-90 instead of 1879-89.

Williams claims that resistance to compulsory vaccination began in earnest in the 1880s.[731] By comparing the prosecutions in the Durham unions against the England averages in the 1870s it would appear that County Durham may have resisted compulsory vaccination, with prosecutions and repeat offenders above the national average. However, in the following decade, 1879-89, the county had fewer prosecutions and fewer repeat offenders than the average across England (Table 3.7). So, any centres of agitation that may have emerged in the 1870s did not blossom to make the Durham unions major centres of resistance to compulsory vaccination. The counties with most resistance in the 1880s were Leicestershire with 289 prosecutions per 10,000 births and Lincolnshire, Bedfordshire and Northamptonshire each with over 50 prosecutions per 10,000 births and all with

[728] *Return of Number of Prosecutions 1870-74,* pp. 10-11, the Durham ward division was centred around Durham city.
[729] *Northern Echo,* 20 September 1870, p. 4, c. 2, reports several proceedings of unvaccinated infants in the Darlington union, but all were excused because the children were in fact, already vaccinated, but the private medical officer had failed to issue a certificate to the vaccination officer; *Durham County Advertiser,* 15 January 1875, p. 3, c. 1, Rev. J. H. Gordon of Darlington was fined 5s and costs for refusing to have his infant vaccinated.
[730] *Shields Daily Gazette,* 3 February 1871, p. 2, c. 3.
[731] Williams, 'The implementation of compulsory health legislation', p. 403.

repeat offenders above the average for England.[732] This suggests that the focus of anti-vaccination formed a band across the Midland counties of England. The reduced level of prosecutions in County Durham, compared to the increase across the country, and in the absence of further evidence, the findings of this study do not suggest that the population of the county resisted vaccination to any great extent, which disagrees with Williams's claim referred to earlier. It seems more likely that the Durham guardians enforced vaccination more rigorously than in earlier decades. Given that the number of repeat offenders represented a small minority of the county's parents, then the majority of vaccination refusers were more likely to be neglectful parents rather than objectors to vaccination and they responded positively to guardian enforcement of vaccination.

Table 3.8: Smallpox mortality, 1874-1904 & vaccination performance, 1875-1905 in County Durham

Year	All smallpox deaths	Year	% Infant vaccinations
1874	98	1875	95
1879	0	1880	94
1884	207	1885	94
1889	0	1890	89
1894	10	1895	80
1899	0	1900	80
1904	71	1905	86

Sources: *Annual Reports of Registrar General*; *Annual Reports of Local Government Board.*

The percentage of infants vaccinated, and the smallpox mortality demonstrates the success of the vaccination policy in the Durham unions after 1871 (Table 3.8). The chapter has already shown that smallpox mortality declined in the Durham unions in the last two decades of the nineteenth century (Figure 3.1). Nevertheless, there were periodic outbreaks (Table 3.8). These were localized occurrences, especially in the urban port communities. In 1884 Sunderland union accounted for 97 of the deaths and in 1904 both Gateshead and South Shields accounted for 61 of the deaths. These unions formed part of the area that Williams describes as gateways of smallpox.[733] In the rural and mining unions of County Durham deaths from smallpox were very low, which suggests infant vaccinations were effective as well as high. There is one exception to this claim. The Durham union accounted for 65 of the smallpox deaths in 1884, most of which were in the city. Reports in local

[732] *Return of Convictions under Vaccination Acts, Repeated Convictions and Amount of Repeated Fines, 1889-90,* 104, LIX.595, 59 (House of Commons Papers, 1890), pp. 2-3, 11-14 & 16-17, Covid lockdown procedures have prevented further research on this aspect of vaccination. Records held at Durham Record Office may reveal and enhance the findings presented here.

[733] Williams, 'The implementation of compulsory health legislation', p. 408.

newspapers indicate the union had an active vaccination officer to ensure uptake of infant vaccinations and he reported only two persistent refusers in the union.[734] It is possible that Durham as a county town had a greater influx and interchange of non-resident people than most other smaller towns in the county, making the city prone to disease.

Conclusions

This chapter has provided a unique northern county study of the smallpox vaccination programme from its beginning in 1840 to the end of the nineteenth century. It is also unique in providing a comparative view of vaccination in three contrasting communities, a large urban port, an urban mining union and a remote rural union. The evidence has demonstrated that the failures of the programme in the first thirty years resulted from the legislative, administrative and operational procedures in all three unions. This lends support to Mooney's finding that the main reason for the high rates of smallpox in London compared to England and Wales was due to 'the inefficient management and implementation of compulsory vaccination rather than simply ideological objections from the general public'.[735] This study, however, goes further and claims that the same inefficient administrative processes operated from the start of the vaccination programme in 1840 and continued in operation until the implementation of the 1871 Vaccination Act. These administrative processes restricted the potential uptake of vaccination, justified state intervention in 1853 to make vaccination compulsory, and continued to fail. This study agrees with Williams that the compulsory 1853 Act was not essential but disagrees on the reasons why.[736] Her hypothetical suggestion that an alternative body, other than the poor law authorities, could improve the system lacks evidence, whereas this study demonstrates that the poor law authorities in the Durham unions delivered a successful vaccination programme following resolution of the legislative and administrative issues.

The chapter has demonstrated the difficulties faced by the guardians, vaccinators and parents as deliverers and receivers of the vaccination programme at local level. Guardians' minutes are often limited in content and in some cases, such as the Weardale minutes from 1837 to 1865, have not survived. However, the correspondence with the central authorities, available through the MH series at the National Archives, has provided greater clarity on local issues and local thinking, as well as the interaction between local and central decision makers. When combined with newspaper articles concerning vaccination, and parliamentary reports, a broader picture has emerged of the challenges

[734] *Durham County Advertiser,* 31 October 1884, p. 7, c. 3.
[735] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', p. 289.
[736] Williams, 'The implementation of the compulsory health legislation', p. 398.

faced by all parties involved. Analysis of the various correspondence, reports, and articles has revealed the bureaucratic approach taken by the poor law central authorities and their inconsistent application of regulations and limited flexibility. By way of contrast, the analysis of the reports of the chief medical officer of the Privy Council, to parliament and to the central and local poor law authorities reveals a scientific and rigorous style of operation, clearly opposed to that of the poor law central board. These conflicting styles of operation had a significant impact on the vaccination programme in County Durham. This concurs with Lambert's finding that conflicting administrative systems operated at national level between the Poor Law Board and the Medical Department of the Privy Council, which contributed to the defective vaccination systems at local level.[737] The antagonism between the two departments and the Poor Law Board's insistence on adherence to defective legislation and regulation led guardians and vaccinators in the Durham unions to operate unreliable systems. The defective systems produced inaccurate returns, low levels of vaccination and potential prosecution of parents in the Durham unions. These findings support those found by Mooney in London with a range of defective systems.[738] It seems probable that similar issues occurred across the country. However, more local studies are needed to confirm this.

The chapter has demonstrated an apparent willingness, or at least an absence of proof to the contrary, of County Durham's parents to have their infants vaccinated throughout the operation of the vaccination programme. It has also shown that both local and national officers persisted in blaming parents in order to excuse the administrative failings, despite the fact they had no proof for these allegations. Even though vaccinators did not always perform vaccinations effectively in the first thirty years of the programme, this did not deter parents from having their infants vaccinated. The study has shown that the levels of vaccination, across the county, consistently performed at a higher level than the average for England and Wales. The chapter has also shown that the take-up of public vaccination waxed and waned with the appearance and decline of smallpox. Brunton makes a similar point in her analysis of vaccination across England and Wales, over the period 1841 to 1852.[739] Despite the lack of clear evidence, but from the hearsay of vaccinators and guardians in each of the three Durham unions, and of the central authorities, it is probable that some poor families accessed alternative means of vaccination, but also that many did not access any vaccinations at all in the early decades of the public vaccination programme and that these constituted a high risk at times of epidemic outbreak.

[737] Lambert, 'A Victorian National Health Service', pp. 8-9.
[738] Mooney, 'Smallpox Vaccination in Nineteenth-Century London', pp. 270-272.
[739] Brunton, *The Politics of Vaccination,* pp. 36-37.

This chapter has shown that in order to address the systemic issues of the vaccination programme and the concerns of local County Durham providers, men with medical expertise needed to hold positions of influence on central government bodies. It was only when a small team of medically trained men inspected and systematically gathered evidence from all unions across the country, in the 1860s, that the central authorities finally addressed the concerns raised by guardians and vaccinators. This finding supports Lambert's claim that guardians across the country lacked sound advice from the Poor Law Board and welcomed the intervention of the Medical Department of the Privy Council.[740] The identification of poor-quality vaccinations in the Durham unions questions the competence of the vaccinators and the extent to which the population were protected from smallpox. The subsequent decline in smallpox epidemics and deaths and the increase in vaccinations in the Durham unions suggests that the guardians addressed this problem. The 1871 Vaccination Act introduced changes that transfigured the duties and powers of guardians that facilitated the operation of an improved vaccination service. This supports Hamlin's argument that the creation of the Local Government Board in 1871, marked the 'final victory over administrative chaos' and the foundation of a central state.[741] However, evidence from this study also seems to suggest that the local decision makers of County Durham would view the creation of the Local Government Board, in 1871, as a triumph of local demands for common standards under local control. Operating under improved and standardized administrative arrangements the Durham unions increased the uptake of vaccinations.

As noted at the start of this chapter historians have neglected research of smallpox vaccination. The few local studies undertaken tend to focus on counties or large areas such as London, with Hollingbourne and Hemsworth the two exceptions. This study has concluded that historians of vaccination should undertake more local studies. These need to focus on individual unions, rather than regions or counties, and in some cases districts of unions, where local circumstances determine local responses, a crucial determinant for a universal national system.

[740] Lambert, A Victorian National Health Service', p. 7.
[741] Christopher Hamlin, 'Agency and Authority in Nineteenth-century English Local Government', in *Ein europäisches Phänomen des langen 19. Jahrhunderts,* ed. by Gansenmüller, Jörg & Tatjana Tönsmeyer, (Köln:Böhlau, 2016), Posted to Academia.edu, Academia, August 11, 2016, available from <https://www.academia.edu/26260109/Agency_and_Authority_in_Nineteenth_century_English_Local_Government>, (accessed 8 January 2021).

CHAPTER FOUR

Challenges for Paupers, Medical Officers and Nurses in the Durham unions

This chapter examines the face-to-face activity of poor law services by analysing the experiences of the sick poor and those who administered their care. The chapter will reveal a range of challenges that medical officers and nurses faced in order to provide a medical service both inside and outside the workhouses of the Durham unions. It also exposes some of the resultant difficulties paupers faced in order to obtain effective medical treatment. Pauper evidence is rare, and medical officers' and especially nurses' accounts are frequently ignored by poor law historians. By reading against the grain the agendas and correspondence of the central authority, guardians, medical officers and other poor law staff we can derive a pauper narrative, especially if we understand the administrative context from which the narratives emanate. Such an approach, along with direct pauper evidence makes this study an important addition to the historiography of the New Poor Law.

The chapter reveals that the regulations and procedures to obtain medical relief hampered the decision making of medical officers and the potential consequences for paupers. The findings support Digby's claim that the bureaucratic procedures of the New Poor Law caused delays in treatment.[742] The chapter also analyses the dilemmas facing medical officers and the potential consequences for the patient in cases of accident and emergency. Industrial and mining communities of County Durham had a high incidence of accidents. However, this aspect of medical treatment has limited coverage in poor law historical accounts, which makes this an important addition to the historiography. Whereas some medical officers had quandaries over urgent cases others faced charges of negligence. The chapter compares the negligence of medical officers in rural and urban unions of the county, contrasting the causes and available solutions. Price asserts that in nine cases out of ten, medical officers were blamed for systemic problems.[743] The chapter will show how guardians often used medical officers as scapegoats and how one private sector medical colleague viewed the role of the poor law medical officer.

Relief providers dominate the records on poor relief, but increasingly pauper narratives provide an authoritative perspective.[744] By examining a complaint of medical treatment in the Sunderland

[742] Anne Digby, *Making a medical living, Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), p. 247.
[743] Kim Price, *Medical Negligence in Victorian Britain, The Crisis of Care under the English Poor Law, c.1834-1900* (London: Bloomsbury, 2015), p. 23.
[744] Samantha Shave, *Pauper Policies, Poor Law Practice in England, 1780-1850* (Manchester: Manchester University Press), p. 20.

workhouse infirmary the chapter will expose the central authority's lack of sound management skills, by their failure to promote the good work of local poor law officers to the detriment of the service, both then and for posterity. This adds to the debate on the extent to which the central authorities influenced contemporary and historians' perceptions of the New Poor Law services. Rose observes that critics of the settlement laws have described them as ill-drafted legislation which inhibited freedom of movement and allowed the removal of people back to their parish of settlement.[745] Using evidence derived from a sick poor man a section of the chapter will examine the experiences of one family affected by these laws. The chapter also analyses the servile behaviour of a poor man in order to enter a workhouse and investigates the dietary neglect of children in the Chester-le-Street workhouse along with the tardy response of the guardians.

The marked shift in the standing of medical officers is analysed by contrasting their networks of influence in the middle and end of the nineteenth century. This adds to the historiography by demonstrating how medical officers influence increased over the second half of the century, although not necessarily to the extent of the wider medical body. Lane attributes the enhanced scientific training and the development of laboratory techniques, which produced better recovery levels, to the improved status of medical practitioners over the nineteenth century.[746] Finally, the impact of the Sunderland union's first paid nurse is analysed exposing the conditions in the workhouse and the failings of the guardians, the workhouse visiting committee and the master of the workhouse. The findings add weight to Crowther's claim that the guardians of northern unions relied on the masters' discretion.[747] This reliance on the master limited the interventions medical officers and nurses could make and led to unfair scapegoating. The chapter will first show how the convoluted regulations and procedures led to a pauper's death.

Poor law regulations and procedures for medical relief

The central authorities created a process that tended to favour local control of expenditure rather than a patient's needs. In cases of emergency the convoluted procedures to obtain medical attention could lead to prolonged illness or even death. Prolonged illness could mean more poor law costs and death could lead to scandal for both the guardians and the central authorities. Scandals, especially those reported widely, serve to form historians' opinions of the New Poor Law and have

[745] Michael E. Rose, 'Settlement, Removal and the New Poor Law', in Derek Fraser, Ed., *The New Poor Law in the Nineteenth Century* (The Macmillan Press Ltd, 1976), pp. 25-26.
[746] Joan Lane, *A Social History of Medicine, Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 30.
[747] M. A. Crowther, *The Workhouse System 1834-1929, The History of an English Social Institution* (London: Methuen, 1983), p. 49.

recently attracted a great deal of attention.[748] Straight forward procedures operated for the elderly and chronically sick paupers. The 1842 medical order allowed the guardians to issue tickets to the elderly and chronically sick, which they presented to the medical officer, when they required treatment.[749] However, for other paupers the more complex bureaucratic procedures applied. The relieving officer had the duty to determine who would receive relief, including medical relief. Without an order from the relieving officer the medical officer could not legitimately provide treatment. In the absence of the relieving officer a parish overseer could also issue a medical order. Both paupers and medical practitioners had to contend with a number of adverse circumstances resulting from these bureaucratic procedures especially for urgent medical cases. For example, if the medical officer ignored the requirement to have a medical order, even if he believed he was acting in the best interests of the pauper, then the guardians or the central authorities could refuse to pay him. Conversely, if the medical officer gave priority to the procedures over the pauper's medical needs, then the pauper could suffer serious health consequences. One contemporary surgeon described the work of medical officers in the professional press as 'a matter of serious importance to the community at large that the poor should not only have the best but the speediest medical assistance'.[750] However, it was not always easy for medical officers to guarantee speedy treatment, when they needed to obtain an order from the relieving officer of the district or the overseer of the parish.

The procedures to obtain medical assistance made those in the remote districts of the Weardale union particularly vulnerable. Shave found that medical officers in the large medical districts of the rural South of England found it difficult to provide efficient medical services.[751] The procedures led directly to the death of Robert Brown, a watchmaker and engraver, from Bishop Auckland, when he visited Tow Law, about 10 miles from his hometown. The coroner described Brown as a poor man in need of urgent medical attention and the jury expressed the opinion that the parish authorities neglected him and failed to provide medical attention.[752] This was a case analogous to Digby's criticism that medicine was subordinate to deterrence and relations between union officers were

[748] Price, *Medical Negligence in Victorian Britain;* Shave, *Pauper Policies;* Elizabeth T Hurren, *Protesting about Pauperism, Poverty, Politics and Poor Relief in Late-Victorian England 1870-1900* (Woodbridge, Suffolk: The Boydell Press, 2015).
[749] *The Eighth Annual Report of the Poor Law Commissioners* (London: HMSO, 1842), Appendix A, p. 77, Articles 16-19.
[750] 'Thoughts on the Poor-Law, with reference to the Medical Care of the Poor', *Provincial Medical & Surgical Journal (1840-42),* 3, 27, 2 April 1842, p. 535.
[751] Shave, *Pauper Policies,* p. 228.
[752] TNA, MH12/3335, Weardale, 1849-55, 5 March 1853.

'contests of authority'.[753] Here Digby refers to the conflict between medical officers and guardians, but various procedures caused conflict between other officials. Medical officers complained that relieving officers and overseers did not have the competence to determine if someone needed medical attention, and relieving officers and overseers complained that medical officers did not take account of the cost to the poor rates. Guardians, conscious of rate payers' money, tended to agree with the relieving officers. Paupers on the other hand complained of the difficulty seeking out a medical officer's home without first having to find the location of the relieving officer or overseer. Brown arrived in Tow Law, a remote township in Weardale, on Saturday, 5 February 1853 and died a week later in a lodging house.[754] The coroner alerted the guardians to the death, and the local newspaper reported the case the following day under the headline 'Parochial Neglect'. The report alerted the guardians to a potential union scandal.[755] Shortly after arriving in Tow Law, Robert Brown became ill, and the lodging-housekeeper made several attempts to obtain medical assistance. However, the medical officer required an order from the relieving officer or overseer before he could attend the patient. Poor law procedures for medical relief were haphazard in the early years of the New Poor Law, but in 1842 the poor law commissioners laid out standard procedures in a medical order.[756] None of the commissioners had medical expertise and few boards of guardians contained medical men.[757] So, it was largely amateurs who devised and oversaw the operation of the medical relief procedures. Unions that flexed the rules, without authorisation, risked incurring a financial penalty by the auditor. People in unions such as Weardale resented the obstacles created by the medical order to receive medical relief because it often meant travelling long distances to secure the necessary order and again to locate the medical officer. In this case the relieving officer lived in Wolsingham, four miles from Tow Law, at a time of limited transport facilities. It is clear that the drawn-out procedures did not serve the needs of the sick pauper who needed urgent attention in extensive rural districts.

Following the procedures to obtain a medical order could also create confusion in remote rural districts, especially with communications and reliance on other officers. Because the relieving officer was unaware of the urgency of Brown's case, he sent the medical order by post, one of many delays

[753] Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford: Oxford University Press, 1999), p. 251.
[754] The Weardale union covered 95,070 acres with only one relieving officer. The Wolsingham district, which included Tow Law where Robert Brown died, covered 24,780 acres which exceeded the maximum 15,000 acres allowed for a medical district under the General Medical Order.
[755] *Durham County Advertiser,* 18 February 1853, p. 5, col. 5.
[756] *The Eighth Annual Report of 1842,* Appendix A, pp. 75-78.
[757] Deborah Brunton, *The Politics of vaccination: practice and policy in England, Wales, Ireland, and Scotland, 1800-1874* (Rochester: University of Rochester Press, 2008), p. 27.

securing medical relief for Brown. Despite a series of messages relayed by the lodging-housekeeper, the police and another watchmaker, the order did not arrive with the medical officer until the following Thursday, by which time it was too late.[758] Brown died two days later. This case was typical of the series of delays and miscommunications that could serve as 'a time bomb that waited for inevitable ignition'.[759] Marland found in the Huddersfield and Wakefield unions the relieving officers' based their decision on whether to issue a medical order for treatment on the financial position of the sick pauper rather than medical need.[760] Medical officers constantly depended on other officers, either the relieving officer, the workhouse master or an overseer before they treated a patient. In addition, when they received orders for treatment, they could not guarantee execution of their subsequent instructions, unless they gave the treatment themselves. The medical officers operated under laws motivated by deterrence, which caused other officers to view them as extravagant. Extravagance, however, did not apply in the case of Robert Brown. The cause came from the complex procedures to obtain medical attention, especially in a community such as Tow Law, which lay distant from the urban centres of the Weardale union. Following an investigation, the guardians resolved to divide the Wolsingham medical district into two, with the new Thornley district centred on the Tow Law community.[761] Chapter two discussed the difficulty to obtain medical practitioners in the Weardale union. However, the development of coalmining and iron ore extraction in Tow Law led to a discrete population expansion that warranted better access to medical care. The guardians consequently agreed to the appointment of a new medical officer within the small township who could secure any necessary medical order from a local overseer.[762]

When things went wrong with union operations, guardians felt compelled to find and apportion blame. The medical officer was most often used as the scapegoat, regardless of whether he was directly to blame.[763] Marland found one Huddersfield medical officer, blamed for the death of a child

[758] TNA, MH12/3335, Weardale, 1849-55, 21 February 1853, an enclosure with a letter from the Weardale union to the Poor Law Board dated 5 March 1853 provides the detail as follows: Both the medical and relieving officers had no knowledge of the case until the Tuesday when the medical officer requested a medical order. Unaware of the urgency of the case the relieving officer sent the medical order by post. A postal delay resulted in the order arriving two days later, on the Thursday morning. The medical officer immediately journeyed the four miles from Wolsingham to Tow Law to find Robert Brown 'dying from peri pneumonia' and 'pulseless'.
[759] Price, *Medical Negligence in Victorian Britain*, p. 115, Price here is describing the bureaucratic procedures which made doctors subordinate to lay officers. His reference to a 'time bomb' concerns officers ignoring the medical officers order for extras, but the situation is analogous to that experienced here.
[760] Hilary Marland, 'Medicine and Society in Huddersfield and Wakefield, 1780-1870' (unpublished doctoral thesis, University of Warwick, 1984), p. 110.
[761] TNA, MH12/3335, Weardale, 1849-55, 5 March 1853, The Chapelry of Thornley had an overseer who resided in Tow Law with authorisation to issue medical orders.
[762] TNA, MH12/3335, Weardale, 1849-55, 19 March 1853 & 2 April 1853, Correspondence from guardians to Poor Law Board.
[763] Price, *Medical Negligence in Victorian Britain*, p.11.

chimney sweep by the boy's employer, lost his career despite a jury returning a verdict of accidental death.[764] The outcome of the enquiry into Brown's death, undertaken by the inspector of the Poor Law Board, did not apportion blame on any one person and the guardians acknowledged the difficulties the people of Tow Law had to obtain medical services under the existing arrangements. In consequence, the guardians appointed an additional medical officer in Tow Law. However, at least one guardian felt justice had not been served when two years later, in March 1855, John Davison lost his post as medical officer, having held it since the formation of the union in 1837.[765] Although this occurred two years after Brown's death, correspondence makes it clear that at least one guardian considered Davison culpable. The guardian who nominated his replacement gave a series of objections to Davison's re-appointment. He claimed that Davison 'shamefully neglected' to provide medical relief to Brown, even though the enquiry never reported this finding at the time. In another case he questioned the judgement Davison made in making out a medical certificate for a pregnant woman. He also accused him of misleading the relieving officer of Stanhope into issuing a medical order by providing a medical certificate for a woman who was in labour, when an overseer had already refused medical care. If this did occur, and was not a matter of hearsay, then it is another example of the confused procedures for obtaining medical assistance and one in which the medical officer could not be blamed as he had no powers to issue an order. It is probable that even the guardians did not fully understand the complexity of the procedures in operation. But, perhaps more significantly, it also illustrates the authority of non-medical personnel over medical officers in determining the need for medical care. Finally, the guardian accused Davison of not keeping his medical book in order, although there is no evidence that the auditor reported this.[766] Conversely, the auditor did report the non-completion of the medical book by Mr Arnison, the medical officer of the workhouse, which did not raise any expression of concern by the guardians.[767] The clerk pointedly recorded only one guardian detailed this list of charges against the medical officer, in order to justify his removal. However, the guardians unanimously approved Davison's dismissal at a prior meeting and were content to give their support to the charges detailed above.[768] It would appear that the guardians did not reappoint Davison primarily because of the Brown case in Tow Law and one guardian's view of the incident.

[764] Marland, 'Medicine and Society in Huddersfield and Wakefield, 1780-1870', p. 251.
[765] TNA, MH12/3335, Weardale, 1849-55, 24 March 1855.
[766] TNA, MH12/3335, Weardale, 1849-55, 19 May 1855.
[767] TNA, MH12/3335, Weardale, 1849-55, 5 May 1855.
[768] TNA, MH12/3335, Weardale, 1849-55, 19 May 1855.

While guardians often blamed medical officers when things went wrong, they took a different stance when it came to relieving officers. In his report on Brown's death, Mr Hurst, the Poor Law Board inspector, criticised the Weardale union's relieving officer. He considered that the relieving officer should have immediately made a visit to Brown to determine the circumstances of the case. After considering the workload of the relieving officer and the size of the union, the Poor Law Board questioned the practicality of having only one relieving officer to adequately serve the whole of the union and asked the guardians to consider the appointment of a second relieving officer.[769] The guardians, however, defended the relieving officer vigorously and refused to make an additional appointment.[770] In fact they gave him a salary increase of £10 per annum on the grounds that he had an additional paying station to visit at Tow Law.[771] Guardians' responses, such as this one, led Hodgkinson to describe the relieving officer as 'the pivot on which … medical relief turned' and that the boards of guardians rarely questioned his decisions.[772] These findings suggest that cost driven officers held greater sway with guardians than either the medical staff or the medical needs of the sick poor.

The deterrent philosophy of the New Poor Law with its emphasis on cost-cutting did not favour the provision of medical relief. Price argues that the tendency to blame medical officers when things went wrong resulted directly from organizational failures and the responses to those failures. In addition, the leadership style of the central board and of the guardians focused on blame and avoided 'penetrative appraisal and costly reforms'.[773] According to psychologist, James Reason when organisations experience failures those people running the organisation respond in one of four ways, either denial, repair or reform and sometimes a combination of these.[774] This theory has been used in poor law literature by Price, who argues that Reason's analysis has similarities to the factors that led to the neglect of poor law patients.[775] The theory also appears to hold true in the case encountered in Tow Law. Both the Poor Law Board and its successor the Local Government Board adopted denial and repair strategies, but rarely, if ever, reform. In the Brown case, the Weardale guardians demonstrated elements of denial and partial repairs but no reform. When Davison appealed to the Poor Law Board, he made two points. First, the medical officer appointed in his place had only one medical qualification whereas he held full qualifications for the post. Second, he

[769] TNA, MH12/3335, Weardale, 1849-55, 12 March 1853.
[770] TNA, MH12/3335 Weardale, 1849-55, 2 April 1853 & 24 September 1853.
[771] TNA, MH12/3335, Weardale, 1849-55, 8 October 1853.
[772] Ruth G. Hodgkinson, *The Origins of the National Health Service* (London: The Wellcome Historical Medical Library, 1967), p. 20.
[773] Price, *Medical Negligence in Victorian Britain, pp. 152-153.*
[774] James Reason, *Human Error* (Cambridge: Cambridge University Press, 1990), p. 211.
[775] Price, *Medical Negligence in Victorian Britain,* p. 152.

made a request to clear his name by appearing before the guardians 'face to face' to hear and respond to the charges against him. In response the Poor Law Board circumvented the issue, in effect to deny they could do anything. They simply replied that they did not have sufficient grounds on which to withhold their sanction from the guardians' decision.[776] In fact, they could have forwarded Davison's letter to the guardians asking why they had appointed someone who was not fully qualified and requesting to know if they had considered Davison's request to refute the charges made against him. The Poor Law Board usually responded in this manner when they received correspondence on union matters. On this occasion they clearly wanted to avoid conflict with the guardians regardless of the medical officer's length of tenure and right to a hearing. This finding supports Price's claim that throughout the nineteenth century the central authorities had no uniform national strategy and operated as mediators and supporters of local administrators.[777] Price cites a number of recent historians who agree with this depiction of the centre, including Bellamy, Harling, Parry, Hennock and Higgs.[778] Organisational failures such as these, were systemic in the operation of medical services across the country and especially in remote rural districts, such as Brown's case documented here, in Weardale, which hindered the development and quality of poor law medical care.

Despite a guardian having a long memory concerning Brown's death and Davison's involvement, guardians could also have short memories when it suited them. The introduction of a bill in parliament in 1860 to improve the salaries of medical officers, and to secure more efficient relief for the poorer classes, caused the Weardale guardians to conveniently 'forget' the Brown case.[779] The bill proposed that instead of guardians setting arbitrary salaries for medical officers, the salaries should derive from prescribed criteria. The proposal that the size of a medical officer's district would form one component in the calculation gave the Weardale guardians the greatest concern, as the size of the districts in Weardale would invariably increase the union costs. A contemporary article in the British Medical Journal calculated that medical officer salaries across England would more than

[776] TNA, MH12/3335, Weardale, 1849-55, 19 June 1855.
[777] Price, *Medical Negligence in Victorian Britain,* p. 9.
[778] Price, *Medical Negligence in Victorian Britain,* p. 190:64; C. Bellamy, *Administering Central-Local Relations, 1871-1919: The Local Government Board in Its Fiscal and Cultural Context* (Manchester: Manchester University Press, 1988), p. 273; Philip Harling, 'The Powers of the Victorian State' in Peter Mandler, Ed., *Liberty and Authority in Victorian Britain* (Oxford: Oxford University Press, 2006), pp. 25-50; Jonathan Parry, *The Rise and Fall of Liberal Government in Victorian Britain* (New Haven, Conn., Yale University Press, 1993); E. P. Hennock, *British Social Reform and German Precedents: The Case of Social Insurance 1880-1914* (Oxford: Oxford University Press, 1987); E. Higgs, *The Information State in England: The Central Collection of Information on Citizens since 1500* (Basingstoke: Palgrave Macmillan, 2004).
[779] *British Medical Journal*, 1, 162, 4 February 1860, p. 95, Mr Pigott's bill.

double whilst in northern unions they would increase more than fourfold.[780] Several unions across England submitted petitions to the House of Commons against the bill leading to its subsequent withdrawal. The petition of the Weardale union reported 'No complaint has ever been made by the Poor to this Board … of difficulty or delay in procuring Medical Relief'.[781] This is a surprising claim given the Brown case described earlier. Of course, Mr Brown was not alive to make a complaint. So, the statement 'No complaint has ever been made by the poor', framed by the clerk, Thomas H Bates, a solicitor, may technically be true.[782] The coroner and jurors, however, carried out the complaint on his behalf, an incident conveniently forgotten by the guardians seven years later.[783]

Procedures for accidents and emergencies

Accidents often led to debate and indecision on whether a medical officer should treat a patient immediately or whether to first obtain a medical order. The General Medical Order allowed medical officers to act outside standard procedures, but they risked non-payment if the guardians then disallowed their claim and refused to pay their fees. Accidents occurred frequently in an industrial area such as County Durham and medical officers frequently needed to make instant decisions when faced with cases of accident and life-threatening illness.[784] If they deferred treatment of an accident, the patient, often an able-bodied worker, may then need to apply for poor law relief, increasing the financial burden of the ratepayer. The Poor Law Commissioners listed the fee rates for surgical treatments in the 1842 Order which they updated as scientific practice advanced.[785] As costs rose, guardians and central authorities increasingly feared that medical officers carried out procedures for financial gain rather than necessity.[786] Consequently, some procedures required a second opinion from another medical practitioner, unless the situation was life-threatening, and if guardians were to pay the required fee, they required a certificate. As Price concludes this directive made 'sudden' and 'urgent' cases either problems of attendance or problems of payment.[787] This meant that the medical officers, with limited agency and potential liabilities, had to determine whether to risk a life or risk the payment, because the consequences of their actions rested largely in the hands of guardians and the central authorities.

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[780] *British Medical Journal*, 1, 162, 4 February 1860, p. 91.
[781] TNA, MH12/3336, Weardale, 1856-61, 30 April 1860.
[782] TNA, MH12/3336, Weardale, 1856-61, 30 April 1860, Letter from guardians to the poor law board.
[783] TNA, MH12/3335, Weardale, 1849-55, 17 February 1853 letter from coroner attached to letter of 5 March 1853 from the poor law board to the guardians.
[784] TNA, MH12/2968, Chester-le-Street, 1836-45, 3 March 1843, letter from guardians to Poor Law Commissioners justifying payment to a private practitioner for attending an accident pointing out the industrial nature of the union with high accident rates.
[785] *The Eighth Annual Report of 1842*, Appendix A, pp. 75-78, Articles 10-13, pp. 76-77.
[786] Price, *Medical Negligence in Victorian Britain,* p. 160.
[787] Price, *Medical Negligence in Victorian Britain,* p. 160.

Friends or family of those needing urgent attention sometimes called on a medical practitioner other than the district medical officer to provide emergency treatment. The General Medical Order did not contain any clause detailing what guardians could legally pay in this situation. Relatives of Elizabeth Luke in Chester-le-Street called in Mr Linton, a local doctor. Linton was not one of the union's medical officers and he was unaware that Luke, although residing in the mining community at Pelton Fell, did not have settlement there. In his letter to the poor law commissioners, the clerk commented on the regular movement of people, especially in the mining districts.[788] Miners worked under an annual bond, until the abolition of the system in 1872. Until then, the bond carried no guarantee of renewal at the end of the year, and consequently, miners often had to move, along with their families, for work in mines in other areas. This movement could lead to problems with their settlement status, especially if an able-bodied worker suffered an accident which led to them applying for poor relief for themselves and their families. Speedy decision making was essential to limit the potential long-term costs to ratepayers. The speedy decision of the medical practitioner, Linton, meant that Luke, despite not having settled status, received treatment and went on to recover. However, the guardians refused, in the first instance, to pay for Linton's services on the grounds that he was not a poor law medical officer, and that Luke did not have settled status. The clerk reported in his letter to the commissioners that medical practitioners, resident in the Chester-le-Street union, had expressed their determination not to attend cases of pauper accidents unless the guardians' allowed payment for their services. If the practitioners carried out this threat, then serious consequences could ensue for those needing emergency treatment and for guardians and ratepayers if lack of treatment resulted in claims for poor relief. This threat probably influenced the commissioners to advise the guardians that they could employ any medical man to provide treatment in urgent cases, including for those without settled status. The practitioner did not need a signed order and in this case the guardians could pay his fee.[789] The commissioners used circulars extensively to advise guardians on matters not covered by the General Medical Order. The commissioners clearly considered this case the first of its kind and recognized that it could happen elsewhere. To prevent a reoccurrence, they published their advice on this case in a circular to unions across the country, so that guardians could act appropriately if faced with similar emergency cases.[790] Nevertheless, as we shall see in the next case, the tendency of the central authority's

[788] TNA, MH12/2968, Chester-le-Street, 1836-45, 3 March 1843.
[789] *Poor Law Commissioners, Official circulars of public documents and information directed by the Poor Law Commissioners to be printed, chiefly for the use of Boards of guardians and their officers, 1840-1851, Volume 1 and Volume 2, (hereafter Official Circulars),* (New York: Augustus M Kelley, 1970), vol. 1, section 3, p. 56.
[790] *Poor Law Commissioners, Official circulars,* Vol. 1, section 3, p. 56.

decision making to lack consistency did not give confidence to medical practitioners in their own decision making at times of emergency and posed risks for those needing urgent treatment.

When quarryman Robert Pallister, of Stanhope in Weardale, fractured his leg on 7 June 1858, the medical officer, George Arnison, responded immediately. Although Pallister was not a pauper at the time of the accident, the relieving officer granted him relief a week later. Unfortunately, he died two days after receiving relief.[791] The Poor Law Board decided that because Arnison did not have an order to attend Pallister then he had no entitlement to the £5 fee.[792] Arnison had judged it right, at the time of the accident, to provide assistance, in order to limit the potential for long-term pauperisation. In contrast, the Poor Law Board made their decision in retrospect, after Pallister had died, so it seems probable that they sought to favour the guardians' preference to save rate-payers money, whereas the medical officer made his decision before Pallister died when he had hope of recovery. Both the central and local boards had no representative with medical qualifications to advise them on medical matters. This meant that the medical officer's decision was subordinate to those of the deterrent poor law.

A further case of emergency in the Chester-le-Street union demonstrates the lack of consistent decision making by the central authorities and their determination to support local guardians. When a medical officer presented his bill for a strangulated hernia operation the guardians refused to pay. This was a procedure listed under article 10 of the 1842 medical order. The guardians reasoned that the medical officer had not obtained an order, that the patient was not a pauper and that she had sons who could afford to pay for medical services. The commissioners, however, over-ruled the guardians' decision on the grounds that the relieving officer had given her relief 'immediately after the operation was performed'.[793] The commissioners acknowledged that the medical officer should have obtained an order, but they questioned the feasibility of this without risk to the patient. The guardians' disputed this unsuccessfully, though the commissioners added a rider, that since no written contract existed between the guardians and the medical officer, then the medical officer would be 'unlikely in law … [to] make good your claim to the fee in question'.[794] This response allowed the guardians to hold to their original decision not to pay the medical officer. What at first seemed a successful outcome for the medical officer became an obfuscatory victory for the

[791] TNA, MH12/3336, Weardale, 1856-61, 2 October 1858, the clerk to the guardians indicated that Pallister died from 'the effects of his accident'. From a leg fracture this may have been gangrene or something similar. No query or any further reference was made on the cause of death.
[792] TNA, MH12/3336, Weardale, 1856-61, 22 October 1858.
[793] TNA, MH12*/2969,* Chester-le-Street, 1846-51, 14 July 1847.
[794] TNA, MH12*/2969,* Chester-le-Street, 1846-51, 15 October 1847.

guardians. The response of the Chester-le-Street guardians in this case, gave no encouragement for their medical officers to provide their best service by acting on their medical judgement. This supports Crowther's claim that poor law doctors had no incentive from either the local or central authorities to fulfil all their responsibilities and provide quality medical care.[795]

In addition to the variable decision making of the central authority, union medical officers also faced challenges from fellow medical practitioners seemingly motivated by medical jealousy. A complaint by a surgeon, in private practice in Chester-le-Street, concerned a fall which had caused a broken skull. The fall occurred at six in the morning but because of the need to secure an order the medical officer did not arrive until noon.[796] It is worth recounting the series of events that led to a six-hour delay for an urgent medical case which highlights the additional difficulties that medical officers faced, in cases of emergency, arising from the inappropriate decisions of non-medical officers. The assistant overseer of Usworth township reported that the medical officer upon receiving the order, attended the patient 'immediately'. However, this occurred after the overseer sent a messenger to obtain an order from the relieving officer of the district. The relieving officer was not at home, so the messenger had to seek him out to secure the medical order. The messenger took the order to the medical officer of the district, Mr Shield, who responded 'immediately' at 12 o'clock. The patient subsequently died, and the guardians agreed to pay the surgeon for his treatment. The letter of complaint by another surgeon, led the commissioners to consider the validity of the payment made, in the light of Article 10 of the 1842 medical order, which stated that 'the operation of trephining for fractured skull' merited £5 but only 'provided …. the patient survives … not less than thirty-six hours'. This Article created a perverse incentive for medical officers not to provide treatment if he deems the chances of survival low and it clearly demonstrates the subordinate role of medicine to the need for cost reduction under a deterrent poor law regime. This patient survived only four hours, so payment was not warranted. However, the commissioners' determined that the guardians' payment of the £5 fee should stand, because of the 'peculiar circumstances' pertaining to the case, thus overriding their own order in the interests of both the patient and the medical officer. The complaint against the medical officer did not come from the guardians or the patient's family, but from George Gibson, a fellow practitioner.[797] The medical officer had called in Gibson to certify the need for and the success of the operation, as required by the Poor Law Commissioners, which

[795] Crowther, *The Workhouse System 1834-1929,* p. 163.
[796] TNA, MH12/2969, Chester-le-Street, 1846-51, 4 June 1846, copy of guardians' minutes which formed part of correspondence in March 1847.
[797] TNA, MH12/2968, Chester-le-Street, 1846-51, 20 January 1847, Gibson signed himself MRCS, etc, etc.

Gibson did, expressing no concerns at the time.[798] With the certificate as evidence the guardians had no hesitation paying the fee. It is difficult to know why Gibson would make a complaint against a fellow practitioner. Brunton states that some practitioners gained power and status at the expense of others in the nineteenth century.[799] Poor law medical officers were not held in high regard and were not well paid, especially in northern England, as noted earlier. Extra fees were consequently important income for medical officers. Private medical practitioners, by contrast, usually had sufficient patients to provide a good income and a relatively high status within the community. Having been called to certify the case, Gibson may have wanted to assert his superiority over the poor law medical officer and resented the award of a five-guinea fee to a medical practitioner of perceived lower status. These cases have demonstrated the uncertainty surrounding medical officers, especially in cases of emergency, which could bring pecuniary loss resulting from the decisions of cost-conscious guardians, the caprice of the central authorities and even at times their fellow colleagues.

Negligence of Medical Officers

Although poor law medical officers were frequently made scapegoats when things went wrong, some medical officers merited the charges made against them. During the nineteenth century lay decision makers determined medical negligence, rather than the medical professionals and medical practitioners who had few special rights in law.[800] Historians must therefore remember that the judgements made on the behaviour of medical officers related to the behaviours expected of the ordinary man. Additionally, medical officers worked part-time for the poor law guardians with periods when they attended their private patients and therefore not available to attend the sick poor. Medical officers were therefore vulnerable to charges of neglect. Nevertheless, as Price points out, some medical officers regularly shirked their duties and frequently ignored orders to attend cases.[801] Mr Browne, the medical officer for the Hedworth and Jarrow district of the South Shields union, was one such medical officer who failed in his duty of care. The guardians and commissioners required him to resign his post after failing to respond to an order to attend Mary Brown, a pauper suffering from paralysis. Mr Hawley, the Poor Law Board inspector, conducted an enquiry into the case and found the medical officer's evidence contradicted all the other witnesses including the relieving officer, the pauper friend who reported the case, the substitute medical practitioner who

[798] *Eight Annual Report of 1842,* Appendix A, No. 5, General Medical Order, Article 10, p. 76.
[799] Deborah Brunton, 'Chapter 5: The Emergence of a Modern Profession?', in Deborah Brunton, Ed., *Medicine Transformed, Health, Disease and Society in Europe, 1800-1930* (Manchester: Manchester University Press, 2004), p. 120.
[800] Price, *Medical Negligence in Victorian Britain,* p. 4.
[801] Price, *Medical Negligence in Victorian Britain,* p. 24.

attended the case, and the medical officer of the workhouse.[802] The dates of various events, the diagnosis, and the documentary evidence all disagreed with the claims made by Browne. The inspector concluded that the guardians were justified in suspending Browne and recommended that it was advisable for him to resign, with another medical officer appointed in his place. The clerk of the South Shields union stated that Browne made statements 'without due regard for truth'.[803] However, personal problems may have distracted Browne. The Poor Law Board forwarded his letter of explanation to the guardians for comment. The clerk to the guardians replied, pointing out that Browne's reference to his 'release from deviance vile' was his own description of his imprisonment for an assault upon his wife.[804] On the basis of this evidence the guardians, the several individuals involved, and the poor law inspector concluded that Browne neglected his duty as medical officer by failing to attend his pauper patient Mary Brown. With no support from colleagues, authorities or patients, this medical officer clearly appears guilty of negligence rather than a convenient scapegoat.

Despite Browne's negligence the guardians, averted a potential medical scandal through the diligent actions of the relieving officer, Edward Stothard. Stothard appears to have known of Browne's imprisonment and assiduously pursued the acquisition of an alternative medical practitioner, Mr Saunders, to treat Mary Brown.[805] Digby found that guardians discussed more cases of negligence than they proved. She found even those with horrific circumstances were difficult to prove, and because of the difficulty obtaining a replacement, negligent medical officers often continued in their role as medical officer.[806] Guardians in Huddersfield reappointed the medical officer of the Marsden district after dismissal for negligence in 1848 which Marland attributes to the medical officer's influential friends who promoted his case for reappointment.[807]. In South Shields, none of Browne's friends provided evidence of support. All available evidence was strongly against him. In the larger unions of County Durham, such as South Shields, guardians experienced little difficulty replacing negligent medical officers. They subsequently appointed Mr Saunders as medical officer in place of Browne.[808] This study has not found many cases of negligent medical officers in the Durham unions

[802] TNA, MH12/3203, South Shields, 1850-1855, 25 July 1850; documents relating to the case progressed through 22 April to 30 September 1850. The medical officer received an order on Tuesday 23 April 1850, but he did not attend the patient until the following Sunday. Meanwhile the reliving officer arranged for another doctor to attend. Following evidence given by the various witnesses, Browne declined to call any witnesses of his own and made no observations. He relied solely on the written explanation he had already supplied to the board. His explanation was completely at odds with the other witnesses, including the diagnosis made by the other medical practitioner.
[803] TNA, MH12/3203, South Shields, 1850-1855, 20 June 1850.
[804] TNA, MH12/3203, South Shields, 1850-1855, 3 June 1850 & 20 June 1850.
[805] TNA, MH12/3203, South Shields, 1850-1855, 25 July 1850.
[806] Anne Digby, *Making a Medical Living,* p. 248.
[807] Marland, 'Medicine and Society in Huddersfield and Wakefield, 1780-1870', p. 118.
[808] TNA, MH12/3203, South Shields, 1850-55, 23 August 1850.

which may indicate a tolerance of lax medical officers by the county's guardians. Alternatively, the availability of medical practitioners in most Durham unions and the determination of guardians to safeguard ratepayers' money seems a more likely explanation.

Guardians of the rural Weardale union, however, did not find replacement of a negligent medical officer so easy. Shave found a shortage of medical men in the rural Mere union meant that large medical districts, which exceeded the maximum size, had to be accepted by both local and central authorities.[809] Digby also found the rural unions of Norfolk had difficulty finding appropriately qualified medical practitioners. Despite continuous complaints of negligence against one medical officer in Norfolk, Digby found that the guardians repeatedly cleared him despite the commissioners finding him guilty of gross misconduct.[810] Digby also found that rural unions experienced allegations of neglect in large medical districts.[811] In 1837 the Weardale guardians appointed Joseph Bowman as medical officer of the extensive St John's district in 1837 at £20 per annum and reappointed him in 1838 on the same terms.[812] However, correspondence between the guardians and commissioners indicates that Bowman failed to fulfil his duties as medical officer and by September 1838 he had failed to make improvements despite several warnings from the guardians.[813] Lack of evidence necessitates conjecture on the precise nature of the warnings. However, given the size of the St John's district, at more than twice the maximum limit, it is probable that Bowman neglected to visit distant pauper patients when required. When Bowman refused to resign the guardians had the 'unpleasant' task of asking the commissioners in November 1838 to dismiss him.[814] Fortunately, another medical practitioner, Joseph Helman, resided in the St John's district at the time, who agreed to take on the role as poor law medical officer on the same terms as Bowman.[815] However, in 1841, further problems arose when Helman left the district. No medical practitioner resided in the district after he left. Shave found that even if a medical practitioner resided in the district, their lack of qualifications prevented their appointment as medical officers.[816] It took six months for the Weardale guardians to find a fully qualified practitioner willing to relocate from another part of the union to the St John's district. Like other rural unions of England, the Weardale guardians also found it difficult to replace a negligent medical officer because few medical practitioners resided in these extensive rural medical districts.

[809] Shave, *Pauper Policies*, pp. 216-217.
[810] Anne Digby, *Pauper Palaces* (London: Routledge & Kegan Paul, 1978), p. 168.
[811] Digby, *Pauper Palaces,* p. 167.
[812] TNA, MH12/3333, Weardale, 1834-42, 5 May 1837 & 9 April 1838.
[813] TNA, MH12/3333, Weardale, 1834-42, 17 November 1838.
[814] TNA, MH12/3333, Weardale, 1834-42, 17 November 1838.
[815] TNA, MH12/3333, Weardale, 1834-42, 15 December 1838.
[816] Shave, *Pauper Policies*, p. 217.

Workhouse hospital provision and poor management skills

Hospital facilities for the sick poor varied across England in the nineteenth century. Flinn claims that because ratepayers had to pay for both 'capital and current expenditure' to operate the workhouse infirmaries, the guardians made insufficient provision for hospital care. [817] In Norfolk only eight unions had separate facilities as late as 1896.[818] Even in London, Lane found the Strand union had no infirmary until 1856.[819] In County Durham the hospital facilities for paupers varied from union to union, but most had designated sick wards in the workhouse to house sick paupers who required hospital care.[820] The large urban unions had more facilities than the smaller and rural unions. Nevertheless, in rural Weardale, after one sick ward in the small workhouse served all pauper patients and all diseases, until 1869, a new workhouse incorporated an infirmary with sick and infectious wards.[821] In the Chester-le-Street union a new workhouse, built in 1856, contained both sick and infectious wards.[822] In the Sunderland union a separate building contained sick and infectious wards in the same grounds as the workhouse with an isolated fever hospital added in 1867.[823] Finn's criticism may apply to the smaller Durham unions but in Sunderland the workhouse fever hospital housed all cases of infectious disease not just the poor. Sunderland also had an infirmary maintained by voluntary subscriptions.[824] Just as general opinion held the poor law medical officer inferior to the private practitioner in the same vein the workhouse hospital rated below the voluntary infirmary.[825] Because the workhouse hospital was the only facility in Sunderland for

[817] M. W. Flinn, 'Medical Services under the New Poor Law', in Derek Fraser, Ed., *The New Poor Law in the Nineteenth Century* (London & Basingstoke: Macmillan, 1976), p. 55.
[818] Digby, *Pauper Palaces,* p. 169.
[819] Lane, *A Social History of Medicine,* p. 61.
[820] TNA, MH12/3202, South Shields, 1843-49, 9 August 1847, inspector reports a hospital in progress; TNA, MH12/2969, Chester-le-Street, 1846-1851, 4 May 1848, inspector reports sufficient facilities for sick paupers; TNA, MH12/3242, Stockton, 1848-1851, new workhouse opened which included a small hospital.
[821] TNA, MH12/3337, Weardale, 1862-71, 20 December 1864, workhouse report of the Poor Law Board inspector; 13 April 1866, a document lists the new workhouse accommodations; 18 September 1869, workhouse report by the Poor Law Board inspector indicates the workhouse then operational for three weeks.
[822] *Poor Law Board (Workhouse Inspection)* (House of Lords Papers: Returns, 1867-68), 49, XIX[1], 19, pp. 297-298, the Chester-le-Street workhouse had two stories that housed sick and infectious wards for men and women.
[823] TNA, MH12/3272, Sunderland, 1855-56, 5 January 1856, a document lists the hospital accommodations within the new workhouse development that opened in 1856 and an 1867 report included an additional fever hospital; TNA, MH12/3277, Sunderland, Aug 1871-72, 26 August 1871, Inspector Hawley reported a wooden structure had been hastily assembled at Sunderland for smallpox patients following a recent outbreak.
[824] The term infirmary usually referred to the workhouse hospitals, and the term hospital to the voluntary hospitals. In Sunderland it was the reverse and is used that way in this section.
[825] M. A. Crowther, 'Paupers or Patients? Obstacles to Professionalization in the Poor Law Medical Service Before 1914', *Journal of the History of Medicine and Allied Sciences,* 39, (January 1984), 33-54, p. 42; Price, *Medical Negligence in Victorian Britain,* p. 124.

infectious diseases the public readily adopted the perception that the workhouse hospital was a place to avoid and as Crowther affirms medical officers had no incentive to improve this view.[826]

One case in Sunderland illustrates a number of the behaviours that reinforced the negative public view of poor law hospitals and medical services. On 29 March 1884 Alfred Selby wrote a letter of complaint to the Local Government Board about his brother David. David died from smallpox, in the home of a tailor, following discharge from the workhouse smallpox hospital.[827] Selby wrote that his brother 'complained bitterly of the neglectful manner in which he was treated at the workhouse hospital', adding that the workhouse hospital was 'faulty' and lacked proper nursing care. This made for a newsworthy item in local newspapers.[828] Price claims that 'Victorians were accustomed' to 'lurid details of cases' and to a range of negative accounts of the poor law medical service in newspaper columns.[829] This serves as a warning to researchers on the need to apply caution when reading newspaper accounts, especially as newspapers often had links to guardians and other local dignitaries or had affiliation to a political party. These associations could shape the content and tone of an article. However, used in conjunction with other sources newspapers provide an additional and sometimes alternative perspective. The newspaper accounts in this case came largely in the form of letters from readers and verbatim accounts of guardian meetings at a time when hospital facilities in the town had featured large in the public mind for a number of years. Events surrounding issues of local public interest usually merited close attention by newspapers with eye-catching headlines and the Selby case, which concerned the local hospital facilities, would certainly have appealed to a Sunderland readership.[830] In 1872 the Sunderland union had a workhouse fever hospital, but during the 1872 smallpox epidemic they hastily built a wooden structure that housed sixty-eight smallpox patients. This building continued in use in 1884, despite constant objections to the use of a poorly planned and constructed facility. Medical practitioners, medical officers of health, local bodies including the Sunderland Hospital for sick children and the central poor law authorities regularly criticised and raised demands for more and better facilities in Sunderland.[831] The Sunderland Hospital for Sick Children regularly complained about the lack of provision for infectious diseases other than the workhouse fever hospital. Parents, whose children developed an infectious disease,

[826] Crowther, *The Workhouse System 1834-1929,* pp. 162-163.
[827] TNA, MH12/3287, Sunderland, 1884-September 1884, 29 March 1884, letter from brother of David Selby to the Local Government Board.
[828] *Sunderland Daily Echo,* 'A Case for Investigation', 1 April 1884.
[829] Price, *Medical Negligence in Victorian Britain,* p. 11.
[830] *The Sunderland Herald and Daily Post,* 'Infectious Disease Hospital for Sunderland', 10 April 1884, report of a public meeting about the workhouse hospital, including sensational accounts by local people.
[831] TNA, MH12/3287, Sunderland, 1884-September 1884, 5 April 1884, Letter from Mordey Douglas, Medical Director of the Hospital for Sick Children.

persistently refused to allow removal of their children to the fever hospital choosing to have them cared for at home.[832] On 5 April 1884, the Hospital for Sick Children took advantage of the public profile arising from the Selby case and wrote to the Local Government Board detailing their concerns.[833] The guardians had steadfastly resisted the pressure to spend ratepayers' money throughout the twelve years of the smallpox hospital's operation.[834] The case of David Selby, however, acted as a catalyst for progress involving the townspeople and the relevant local and national authorities.[835]

The workhouse medical officer's views did not appear in any newspaper accounts despite the role he played in Selby's care. As Price notes 'the voice of the 'humane' medical officer …. was in the minority'.[836] The Sunderland medical officer's version of events comes from the formal investigation of the guardians submitted to the Local Government Board.[837] David Selby was first admitted to the Sunderland infirmary, a voluntary hospital, with a fractured leg, which he sustained while working at a shipbuilding yard. Shortly after admission he contracted smallpox. Dr Prowde, the workhouse medical officer, and his nursing staff supervised the transfer of Selby to the workhouse smallpox hospital. The workhouse smallpox hospital was the only facility in Sunderland for smallpox patients. Selby was a working man, not a pauper, so it is probable that the workhouse medical officer paid careful attention to this patient. Crowther claims that poor law medical officers had divided loyalties, one to their profession and one to the conventions of the poor law, which rested on deterrence and frugality.[838] In order to make a living most medical officers had to combine their poor law work with private patients, which meant they practised these contradictory standards on a daily basis. The Sunderland records do not suggest Prowde practised dual standards with his patients. Nevertheless, he would be familiar with the views of private practitioners and the wider public on workhouse hospital services. He knew that the Sunderland infirmary had paid for Selby's care, which rendered him obliged to apply professional rather than any poor law norms. After five weeks in the workhouse hospital, Prowde decided Selby should relocate to a nearby private house on 29 March 1884, where he once again came under the supervision of the infirmary doctors, Smith and Douglas.

[832] TNA, MH12/3287, Sunderland, 1884-September 1884, 5 April 1884, letter from Hospital for Sick Children lists a series of parents who refused to have their children taken to the workhouse hospital.
[833] TNA, MH12/3287, Sunderland, 1884, 5 April 1884, Letter from guardians to Poor Law Board.
[834] TNA, MH12/3278, Sunderland, 1873, 16 August 1873, letter from guardians to Poor Law Board.
[835] TNA, MH12/3287, Sunderland, 1884, 10 April 1884, copy of article from the *Sunderland Herald and Daily Post* headed 'Infectious Diseases Hospital for Sunderland' includes report that medical practitioners had made demands for a hospital since 1871. Other relevant correspondence: 10 April & 26 May 1884 from the Local Government Board to the guardians and both the Urban and Rural Sanitary Authorities.
[836] Price, *Medical Negligence in Victorian Britain,* p. 51.
[837] TNA, MH12/3287, Sunderland, 1884-September 1884, 2 April 1884.
[838] Crowther, T*he Workhouse System 1834-1929,* p. 157.

Prowde reported that he took this action to remove Selby from the 'foetid atmosphere' of the workhouse hospital in order to prevent blood poisoning through the open wounds on his leg and to improve his chances of survival. He claimed Selby would have died within two or three days if he had remained in the workhouse hospital. In the event Selby died nine days later.[839] This series of events, concluding with Selby's death, set the scene for negative reporting in the press and scapegoating of poor law medical services.[840]

The letter of complaint, from Selby's brother to the Local Government Board, contained serious accusations against the workhouse hospital, charges supported by the infirmary doctors, Smith and Douglas. The press reported these accusations and gave the Sunderland infirmary and its doctors a glowing account, while they deplored the facilities and treatment in the workhouse hospital. The newspaper protested at the 'barbarous' way that the paupers had removed Selby from the workhouse to his lodgings and directly attributed words of complaint to the patient David Selby.[841] However, when the guardians investigated the complaint, they concluded that the accusations lacked foundation and found the newspaper report one-sided.[842] The guardian minutes reported that the chairman of the guardians, the infirmary representatives and the master of the workhouse had arranged the removal of David Selby from the workhouse hospital, and that the infirmary doctors, Smith and Douglas, had undertaken his removal. The minutes also stated that Smith and Douglas had met with 'the writer of the letter' to the Local Government Board, and the chairman of the guardians expressed the belief that they had written the letter for Alfred Selby. The chairman also expressed his disappointment that people had a disposition to decry the workhouse hospital when the hospital took in cases which they did not have to do. It seems clear from the guardians' investigation, and their direct involvement in the case, that Selby received the best care available.[843] It was clearly considered acceptable for private medical practitioners to use press coverage to denounce the workhouse hospital for the subsequent death of Selby regardless of the circumstances.

[839] TNA, MH12/3287, Sunderland, 1884-September 1884, 2 April 1884, evidence of medical officer Prowde to the guardians.
[840] TNA, MH12/3287, Sunderland, 1884, 1 April 1884, Copies of newspaper reports in the *Sunderland Herald and Daily Post* and the *Sunderland Daily Echo*.
[841] *Sunderland Herald and Daily Post,* 1 April 1884, p. 2, cols. 4-5.
[842] TNA, MH12/3287, Sunderland, 1884-September 1884, 4 April 1884, newspaper article of guardians' meeting.
[843] TNA, MH12/3287, Sunderland, 1884-September 1884, 4 April 1884, copy of newspaper article in the *Sunderland Daily Echo,* reporting guardians' meeting of 3 April 1884.

The report of the inspector, Mr Culley, into the Selby case, reveals the tendency of the poor law central authority to investigate cases of wrongdoing rather than cases of good practice on the part of unions. The central authorities relied on items in local newspapers to alert them to potential problems and the Local Government Board collected and held on file all newspaper references used in this case. Culley reported on Smith and Douglas's explanation for making adverse comments to the press on the workhouse hospital. They claimed that they wanted to apply pressure on the Urban Sanitary Authority to build a fever hospital and that their remarks did not reflect on any official of the workhouse.[844] Nevertheless, they clearly considered it acceptable to censure the workhouse operation in support of an apparent worthy cause. Culley reported that insufficient grounds existed for an enquiry on the part of the Local Government Board. He warned that if the Local Government Board held an enquiry, then only the officials of the workhouse, and especially the medical officer of the workhouse, would come out well.[845] Price claims that the central poor law authorities adopted a culture of blame and that only when they suspected negligence on the part of the unions, did they hold an official enquiry. By seeking a scapegoat, usually the medical officer, the central authorities could avoid 'expensive and controversial nationwide reforms'.[846] This was a double-edged sword however, because by not holding an enquiry the Local Government Board lost the opportunity to promote good practice, both within and beyond the poor law service. The lack of public praise for the poor law medical services and the persistent publication of scandals and negligence served to confirm the second-rate public perception of the poor law medical service. This study agrees with Price that historians would find it challenging to praise a poor law medical provision, operated by an organisation, whose management style failed to defend its service and perpetuated a poor public image.[847] Culley was clearly of the opinion that blame lay with the Urban Sanitary Authority of Sunderland because of the lack of suitable accommodation for the proper treatment of infectious cases. However, the guardians also functioned as members of the Urban Sanitary Authority, and they held great sway when it came to spending ratepayers' money. So, although Culley reported favourably on the workhouse and its officials, the guardians did not fare so well.[848] However, none of this merited general circulation either by the press or by the local or national authorities. The outcome of this case clearly demonstrates the central authorities desire to support local guardians, despite any shortcomings.

[844] TNA, MH12/3287, Sunderland, 1884-September 1884, 13 April 1884, report of local government inspector Culley.
[845] TNA, MH12/3287, Sunderland, 1884-September 1884, 13 April 1884, report of inspector Culley.
[846] Price, *Medical Negligence in Victorian Britain,* p. 11.
[847] Price, *Medical Negligence in Victorian Britain,* pp. 61-62.
[848] TNA, MH12/3287, Sunderland, 1884-September 1884, 13 April 1884, report of inspector Culley.

Pauper Voices

Several historians, such as Sokoll, Tomkins, Gestrich, Hurren, King and others, have recently turned to pauper narratives in order to provide a view from below, of the lives of those applying for poor relief and their consequences.[849] Evidence comes in a number of forms, including letters, notes, stories and other written material produced by individuals either directly or on their behalf. They tell us something about the poor themselves, from their perspective. Shave advises that we can also glean valuable information from the administrative records, but these sources require careful interpretation and an understanding of the context in which they took place.[850] This study examines two cases from the perspective of the poor, one derived from an account dictated by a pauper and another from a letter of complaint. Both cases provide an insight into the interactions the poor experienced with the poor law authorities.

The first case concerns a poor man, James Ramsay, and his family, who had no proven settled status in either England or Scotland. The family's experience confirms Shave's finding that those without settled status were probably the most vulnerable because their claims were easily rejected.[851] When Ramsay and his family arrived in Sunderland, they received care and attention that they lacked in unions elsewhere. Price points to Joseph Rogers, a leader of the Poor Law Medical Officers' Association, who argued in the 1870s that because migration meant many of the sick poor fell foul of the settlement laws, then medical care should be a national charge not a local one. The central authorities rejected this and other proposals made by the Association, largely because central expenditure would increase and it would unbalance the relationship between the central and local authorities.[852] Ramsay provided an 1100-word account of key aspects of his life in the form of an affidavit taken before John Kidson, a commissioner of oaths.[853] Although Ramsay provided the information he may have felt constrained by the person taking his testimony, especially on how it may be used and whether it would impact negatively either on himself or his children. He tells us that in September 1862 he was a 57-year-old widower, born in Bombay to father, James Ramsay, a private in the East India Company service. His father died when he was a boy and both he and his mother returned to England. He married and had four children of which three survived.[854] After his

[849] Thomas Sokoll, Ed., *Essex Pauper Letters* (Oxford, 2001); Alannah Tomkins, 'Polychronicon: Changing interpretations of the workhouse?', *Teaching History*, 152, (September 2013), pp. 30-31; Andreas Gestrich, Elizabeth Hurren & Steven King, *Poverty and Sickness in Modern Europe: Narratives of the Sick Poor, 1780-1938* (London: Continuum, 2012).
[850] Shave, *Pauper Policies,* pp. 22-25.
[851] Shave, *Pauper Policies,* p. 127.
[852] Price, *Medical Negligence in Victorian Britain,* pp. 44-45.
[853] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of James Ramsay.
[854] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of James Ramsay.

wife died, in 1856, he sailed from Liverpool to Glasgow, where he claims his mother, Mary McDonald was born, and a week later he walked to Edinburgh with his three young children, where he sold small wares. Ramsay says that on or about the 23 August 1862 he fell ill and applied for poor relief.[855] Edinburgh came under the Scottish poor laws and operated relief separate from the English poor law system. A person acquired settlement in Scotland if they were born there or if they lived or worked there for five years or through marriage.[856] James Ramsay did not qualify for settlement under any of these conditions. In addition, only destitute and disabled persons could claim relief, a status subject to 'an infinite variety' of interpretations.[857] This would prove a problem for a person without settled status, especially as he had only recently arrived in the country.

Scottish regulations required the Edinburgh inspector to provide relief to Ramsay and his family, whether they had settlement rights or not. In order for the inspector to reclaim the costs of relief, he needed to determine where the rights of settlement lay. This was a straightforward process if settlement lay in Scotland. However, an investigation into Ramsay's place of settlement was not a simple matter, and if pursued it would be a costly and lengthy process, with no guarantee that the outcome would determine that his place of settlement lay in Scotland. Ashforth found that in one case in the Halifax union considerable expense resulted from an overseer's need to travel to seven other unions in order to establish a pauper's settlement.[858] Ashforth concluded that such expenses, along with the transport costs to effect removal, caused guardians not to pursue large scale removals. Instead, they chose to undertake selective removals. The Edinburgh officers referred Ramsay to a doctor, who certified him as ill, and provided him with an order to enter the workhouse.[859] The doctor probably indicated on his certificate to the poor law inspector that Ramsay suffered from consumption, which would necessitate costly long-term care for him and his three young children. Faced with this dilemma Ramsay appeared before the Edinburgh parochial board on 26 August 1862, for the consideration of his and his children's future. Local authorities could legally remove natives of England when they applied for relief.[860] The board determined to use their powers to remove the family to England.[861] Newcastle was the closest and cheapest port of call. The

[855] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of James Ramsay.
[856] Audrey Paterson, 'The Poor Law in Nineteenth-Century Scotland', in Derek Fraser, Ed., *The New Poor Law in the Nineteenth Century* (London: The Macmillan Press Ltd, 1976), 171-193, pp. 172 & 174.
[857] Paterson, 'The Poor Law in Nineteenth-Century Scotland', p. 185.
[858] David Ashforth, 'Settlement and removal in urban areas: Bradford, 1834-71', in Michael E. Rose, Ed., *The poor and the city: the English poor law in its urban context, 1834-1914* (Leicester: Leicester University Press, 1985), 58-91, p. 67.
[859] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of James Ramsay.
[860] Paterson, 'The Poor Law in Nineteenth-Century Scotland', p. 185.
[861] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of James Ramsay.

Edinburgh authorities paid for Ramsay and his family to board a boat at Leith bound for Newcastle, arriving there on 4 September 1862. Ramsay tells us that he tried to make a living in Newcastle selling paper and pens supplied by a Catholic clergyman but found himself too ill to work. He does not say how long he stayed in Newcastle, but he seems to have walked to Sunderland sometime between the fifth and twelfth of September. Ramsay does not say why he went to Sunderland but when he got there, he 'was obliged to sell my drawers for 10d to buy a breakfast for the four of us'. Suffering from consumption, Ramsay was a dying man when he arrived at Sunderland with his three young children.[862] The Sunderland overseer Mr Hedley recognized the serious state of Ramsay's health and through the relieving officer, admitted the family to the workhouse on Saturday 13 September 1862, despite the fact that no members of the family had right of settlement.[863] Settlement for children depended on their parents, in this case their father. However, as already noted, the settlement rights of their father, James Ramsay, were not clear.[864] This does not appear to have concerned either the overseer or the relieving officer who clearly recognized the urgent nature of Ramsay's situation. In the absence of evidence to the contrary the Sunderland poor law officers appear to have acted in the best interests of the family, providing medical care for the father and one son and shelter for the whole family.[865]

Guardians and officers were subject to audit for the spending of poor rates and had to repay any unauthorised payments. In order to grant relief, the Sunderland union needed a statement under oath from Ramsay to demonstrate to the auditor the legality of any payments or treatment that they provided. The family were admitted to the receiving wards of the workhouse where the medical officer, Charles Nattrass, immediately ordered Ramsay into the workhouse hospital. He reported that Ramsay was so weak he could not take the broth he ordered, and he considered him unfit to have undertaken a journey by sea from Edinburgh to Newcastle 'much less to be turned adrift on his arrival there'.[866] It is not known what involvement the Newcastle poor law authorities had with Ramsay, but he reported that he took ill there. In the circumstances it is more than likely that the Newcastle authorities knew of Ramsay and his family's predicament. It is also probable that

[862] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of James Ramsay.
[863] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of overseer Thomas Fenwick Hedley.
[864] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of James Ramsay: Shortly after his marriage James Ramsay moved to Preston in Lancashire, where all three of his surviving children were born, the youngest in Preston workhouse. In April 1862 James Ramsay and his children sailed from Liverpool to Glasgow, then on to Edinburgh where consumption forced him to seek medical relief.
[865] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testaments of James Ramsay, overseer Thomas Fenwick Hedley and medical officer Charles Nattrass.
[866] TNA, MH12/3274, Sunderland, 1860-62, 17 September 1862, Testament of Charles Nattrass.

Newcastle, as the closest port to Edinburgh, received several forced removals from Scotland, which caused considerable controversy.[867] So the Newcastle authorities, more than likely, pursued a regular course of action by moving this family on, which in this case proved the least financially damaging option for them. Ramsay did not indicate if he had any prior connection with Sunderland, but he acknowledged connection with County Durham from his marriage in 1856 to Catherine Mary Rick at the Catholic chapel in Elvet, Durham. Nevertheless, he was clearly so ill by the time he arrived in Sunderland that the poor law officers there had no option but to provide relief for the family at local ratepayers' expense. Ramsay was clearly in a desperate situation seeking assistance from relief authorities driven by motives to deter and limit costs. While the regulations governing each of these bodies required them to assist those in need, regardless of their settlement, other regulations allowed them to remove those claiming relief to their country or parish of settlement. With relief funded from local rates, local bodies would inevitably seek to pursue the least costly option. Ramsay was repeatedly passed from one relief body to another in the knowledge he would die leaving his three children, with undetermined settlement, in need of care. Central funding would have provided a better framework for cases such as this, but as Price notes, even a decade later the Poor Law Board rejected this proposal.[868]

A second pauper experience showed a more demeaning side of poor law officials when William Laws applied for re-admission to the Sunderland workhouse in 1873. He acted with deference when he needed to ask for readmission to the workhouse. Laws had previously spent some time in the workhouse but at the time of his discharge his clothes went missing. While in the workhouse paupers wore workhouse uniform instead of their own clothes. This meant that workhouse staff needed to ensure the safe storage of paupers' own clothes should they subsequently leave.[869] When Laws left the workhouse, staff could not find his clothes, so the master issued him with a 'decent' set of clothes in place of his own. [870] However, once released Laws submitted a complaint to the Local Government Board about the loss of his clothes. Clearly, he preferred his own clothes to other peoples, whether 'decent' or otherwise. His complaint suggested that he had hopes of maintaining himself and would have preferred his own clothes. It also appears that Laws had standards that exceeded those he had experienced in the workhouse, even if he found himself in need of care. His aspirations to maintain himself sadly flagged and he applied to the district relief committee for re-

[867] Paterson, 'The Poor Law in Nineteenth-Century Scotland', p. 186.
[868] Price, *Medical Negligence in Victorian Britain,* pp. 44-45.
[869] *Second Annual Report of the Poor Law Commissioners for England and Wales* (House of Commons, 19 August 1836), Appendix A, Consolidated Order for Administration of Relief, Section V – Relief, In-door Relief, No. 7, p. 84.
[870] TNA, MH12/3278, Sunderland, 1873, 7 April 1873.

admission to the workhouse.[871] The committee asked about his complaint, no doubt with the expectation of contrition on the part of Laws. Lees found that those who applied for relief 'had to acknowledge the power of guardians over them and to signal their own subordination'.[872] Laws duly said he was sorry.[873] No doubt he knew an apology was essential to secure the necessary order for re-admission and to receive fair treatment once he resumed life in the workhouse.

Union Boundary Problems

The establishment of union boundaries that had no regard for existing boundaries such as county boundaries or estate boundaries had the potential to create problems for union officers and paupers alike. Brundage found that the landed gentry, rather than commissioners, had greater influence on the establishment of poor law boundaries in Northamptonshire.[874] This usually meant that the boundaries of the unions had regard for the estates with estate dwellers and workers contained within the same union. This was not widespread practice across England and Wales. Despite County Durham having landed gentry with estates, the unions formed in the county did not necessarily have regard for the boundaries of these estates. In 1844, Mr Morrison, the medical officer of the Harraton medical district, in the Chester-le-Street union, refused to attend three paupers following their forced removal to the Newbottle medical district of the neighbouring Houghton-le-Spring union. The medical officer of the Newbottle medical district also refused to attend them. Both medical officers were within their rights to refuse, the Chester-le-Street one because the paupers resided outside his district and the Newbottle one because the paupers' settlement rights lay with the Chester-le-Street union not the Houghton-le-Spring union. Consequently, the Houghton-le-Spring guardians wrote to the Chester-le-Street guardians threatening to carry out 'orders of removal'.[875] If the Houghton-le-Spring guardians had carried out their threat then the paupers would have lost their homes and fuel, both supplied by the estate of the Countess of Durham, for the benefit of her retired workers and their widows. In consequence, the Chester-le-Street union would have had to admit the paupers into the workhouse, incurring significant expenditure. The paupers found themselves in this situation after the executors of the will of the Countess of Durham determined to improve her property. This involved rehousing the paupers into nearby accommodation within the countess's extensive grounds

[871] TNA, MH12/3278, Sunderland, 1873, 7 April 1873.
[872] Lynn Hollen Lees, *The Solidarities of Strangers The English Poor Laws and the People, 1700-1948* (Cambridge: Cambridge University Press, 1998), p. 151, Lees reports several incidences of pauper subservience on pp. 166-169.
[873] TNA, MH12/3278, Sunderland, 1873, 7 April 1873, closing remarks of the union clerk in a letter to the poor law board.
[874] Anthony Brundage, 'The Landed interest and the New Poor Law: A Reappraisal of the Revolution in Government', *The English History Review,* 87, (Jan 1972), 27-48, pp. 29 & 34.
[875] TNA, MH12/2968, Chester-le-Street, 1836-45, 20 August 1844.

which stretched across the two unions. Unfortunately, the relocation meant the paupers crossed the boundary of the two unions from South Biddick in the Chester-le-Street union to Newbottle in the Houghton-le-Spring union. Loss of the paupers' homes, followed by entry into the workhouse, was not an outcome that either the Chester-le-Street guardians or the paupers themselves wanted.

Because the guardians had no contractual arrangement in place to provide the necessary medical service, they had to explore alternative solutions. The Chester-le-Street guardians contacted the Poor Law Commissioners for advice, only to be told there was no action in law that the guardians could take to prevent the paupers being forcibly removed.[876] Given the cost to the Chester-le-Street ratepayers if the poor law authorities enforced the removal order, and the loss of homes for the paupers, it was in the interests of both parties concerned to secure an arrangement with the Houghton-le-Spring guardians that ensured the provision of medical treatment. The Malton union and the Thirsk union and the Malton and Banbury unions made such arrangements under similar circumstances.[877] Fraser contends that the industrial urban boards preferred to provide relief to non-settled paupers and reclaim the costs from their parish of settlement rather than have them removed. This was beneficial in periods of economic downturn, when the union could maintain its workforce without creating additional disruption.[878] Of course, parishes and unions would need to make arrangements for the transfer of monies paid in relief. The problem raised by the Houghton-le-Spring union in the first place involved the medical care of only three paupers. However, the relocation affected twenty paupers, which made it imperative that the Chester-le-Street union should reach an amicable agreement with the Houghton-le-Spring union for their medical care.[879] The records do not reveal whether the Chester-le-Street union secured a suitable arrangement but an alternative option presented itself two months later when the medical officer of the Harraton district, Mr Morrison, retired and the guardians appointed a new practitioner, Mr Hudson.[880] It was possible for the guardians to draw up a contract with Hudson to facilitate the long-term medical arrangements for the paupers concerned, allowing them to keep their homes in the Newbottle parish of the Houghton -le-Spring union, and to receive medical treatment.[881]

[876] TNA, MH12/2968, Chester-le-Street, 1836-45, 12 September 1844.
[877] TNA, MH12/2968, Chester-le-Street, 1836-45, September 1844, notes of Poor Law Commissioners' officer; *Official Circulars*, Vol. 1, IV, pp. 169-171.
[878] Derek Fraser, *The Evolution of the British Welfare State,* Fifth Edition (London: Palgrave, 2017), pp. 57-58.
[879] TNA, MH12/2968, Chester-le-Street, 1836-45, 20 August 1844.
[880] TNA, MH12/2968, Chester-le-Street, 1836-45, 21 November 1844.
[881] *Eighth Annual Report of the Poor Law Commissioners,* pp. 75-78, The General Medical Order did not contain any restriction on the paupers the medical officer could attend. If the district exceeded the specified limits, then the contract required the commissioners' approval.

Dietary Neglect

The frugality and economic priorities of guardians is well documented. As well as affecting the well-being of adult paupers, the strict and persistent adherence to economic measures could have an adverse impact on children who usually received relief through no fault of their own. Evidence relating to the experiences of pauper children can be especially difficult to find, but a local scandal and an 1877 newspaper article headed 'More malpractices at the Workhouse' led to an investigation into the diets of the children in the Sunderland workhouse. The newspaper used reports of a guardian meeting to relay the concerns of guardians that food 'little better than water and bread' formed the diet of the children of the workhouse.[882] A number of equally disturbing comments added to the tone of the article including two children who went into the workhouse for a short period, and when they came out, they were noticeably 'poorer in health'. One reader of the newspaper, Robert Rutter, wrote to the Poor Law Board, enclosing a copy of the article and complained that the guardians appeared to treat the matter lightly.[883] The guardians determined the diet of workhouse children with approval from the central authorities.[884] According to Crowther the more affluent industrial areas of the country had a better diet than those in southern counties.[885] The several dietaries submitted by the Sunderland guardians regularly received the approval of the central authorities, and seem to bear out Crowther's views on northern diets. The dietaries for adults in the Sunderland workhouse allowed coffee, tea and sugar, with meat and cheese most days of the week and bread and milk at least twice a day. Children received appropriately portioned meals for 2–5-year-olds, 5–9-year-olds and 9–16-year-olds. Ingredients for the production of soup and broth and other recipes give no indication of a poor diet.[886] However, it is difficult to know whether the workhouse poor had better or worse diets than the independent labourers' families. Horrell and Oxley have demonstrated that the working population in the northern counties of Durham and Northumberland had one of the highest nutritional diets in the country which included potatoes, meat and dairy produce.[887] Miller found that the Poor Law Commissioners allowed for regional variation in the workhouse diets.[888] By allowing guardians to determine the preferred

[882] *Sunderland Daily Echo,* 23 November 1877, p. 3, cols. 3-5.
[883] TNA, MH12/3281, Sunderland, 1877, 26 November 1877. Letter from Robert Rutter to the Poor Law Board.
[884] TNA, MH12/3268, Sunderland, 1834-42, 1 December 1841; TNA, MH12/3270, Sunderland, 1847-51, 8 January 1847; TNA, MH12/3272, Sunderland, 1855-56, 11 August 1856; TNA, MH12/3275, Sunderland, 1867-69, 30 January 1867; TNA, MH12/3277, Sunderland, August 1871-1872, 15 November 1872.
[885] Crowther, *The Workhouse System 1834-1929,* p. 214.
[886] TNA, MH12/3270, Sunderland, 1847-51, 1849, folio 119; TNA, MH12/3275, Sunderland, 1867-69, 20 January 1867; TNA, MH12/3277, Sunderland, August 1871-1872, 5 November 1872.
[887] Sara Horrell and Deborah Oxley, 'Bringing home the bacon? Regional nutrition, stature, and gender in the industrial revolution', *The Economic History Review,* (November 2012), Vol. 65, No. 4, 1354-1379, pp. 1362-1363, Figure 1.
[888] Ian Miller, 'Feeding in the Workhouse: The Institutional and Ideological Functions of Food in Britain, ca. 1834-70' *Journal of British Studies,* (October 2013), 940-962, p. 944.

regional dietary it ensured institutional order.[889] It is probable that the workhouse diet at Sunderland was no better or worse than that of the independent poor in the North-East of England and better than many other counties of England. Although their dietaries received the approval of the central authorities it seems the guardians did not have adequate monitoring processes in place. The medical officer of the workhouse made improvements to the dietaries from time to time. In 1873 he reported that no inmates had made any complaints, that the aged and infirm expressed satisfaction and that the children 'have very much improved in health and nutrition and robustness'.[890] Despite a long record of apparent adequate dietaries in the Sunderland workhouse, a potential scandal threatened in 1877.

The problem stemmed from cost conscious guardians, eager to obtain a regular supply of milk for the workhouse while generating a profit from its production. Brown observes that most of a union's expenditure went on buying goods to maintain the poor.[891] Consequently, guardians needed to review supplies and suppliers to the workhouse regularly, to ensure they got the best deal available at the time.[892] They regularly tendered for the cheapest provisions which gave suppliers motivation to adulterate food. In addition, Francis Roswell, superintendent of contracts for the Admiralty, reported that the master of workhouses, across England and Wales, controlled the purchasing of food supplies. He warned that if guardians underpaid the master, then this could induce them to collude with the suppliers.[893] However, this study has not identified any evidence to suggest that the Sunderland workhouse master colluded with any of the union's suppliers. The problem pertained to the quality of the milk being used in the workhouse. In 1873 the Sunderland guardians experienced difficulty obtaining a supply of milk. They received no responses from their advertisements for the supply of milk to the workhouse so they proceeded to purchase fifteen cows.[894] The guardians reasoned that the cows would supply the workhouse's milk and butter with any surplus sold on the local market to cover the outlay. The Local Government Board approved their plan, and the guardians employed a herdsman and his wife to manage the operation.[895] The guardians required the couple to generate a profit, which conflicted with the primary purpose of supplying milk for the

[889] Miller, 'Feeding in the Workhouse', pp. 944-945.
[890] TNA, MH12/3278, Sunderland, 1873, 10 July 1873.
[891] Douglas Brown, 'Supplying London's Workhouses in the Mid-Nineteenth Century', *The London Journal*, 41 (2016), 36-59, p. 38.
[892] *Second Annual Report of the Poor Law Commissioners*, Appendix A, Consolidated Order for Administration of Relief, Section VI – Contracts for Supplies, pp. 87-88.
[893] The Local Government Board invited Roswell to investigate the food arrangements in the London workhouses.
[894] TNA, MH12/3278, Sunderland, 1873, 10 January 1873.
[895] TNA, MH12/3278, Sunderland, 1873, 24 February 1873.

workhouse paupers. When the yield of milk from the cows declined the herdsman added one quart of water to four quarts of milk in order to ensure a sufficient supply to make and sell butter for the success of the dairy.[896] Consequently, the workhouse received supplies of watered-down milk for at least four months.[897] Although the guardians hoped to generate a profit from the cows, they did not want poor quality milk for the workhouse and especially the children, which would invariably lead to a scandal.[898]

Over the four years of the dairy's operation the master made no suitable checks to assess the quality of the milk with no concern raised about adulteration until late 1877.[899] The master had no control over the operation of the milk supply. However, he held responsibility for ensuring the quality of all supplies to the workhouse. Watering of milk was not uncommon and was normally identified and resolved quickly. Very often the supplier lost the contract. Crowther found that the Rotherhithe union did not give the children any milk and milk hardly featured at all in the diets of London families.[900] In Sunderland, the union effectively supplied its own milk. An investigation by the workhouse committee revealed the lack of checks on the milk by the master and ordered checks to prevent tampering of milk in future. Although the guardians implemented simple and speedy solutions, they should have acted more promptly. Milk formed a substantial component of the paupers' diet, and both the master and workhouse committee should have had better procedures in place to ensure a quality supply. In the event the press ensured a wide circulation of 'malpractices at the workhouse'.[901] The almost verbatim account led Mr Rutter to complain to the Local Government Board.[902] He alluded to the offhand remarks made by the guardians at their meeting and published in the *Sunderland Daily Post*. The topic was not only a serious matter, the guardians also knew that a full account would appear in the press. On other occasions off-hand remarks by the guardians, on equally serious issues, had appeared in the press, some interjected with laughter, which presented a poor image of both the guardians and the poor law provision they managed. This was not simply a case of watering down milk, but an accusation of gross adulteration of milk for pauper children that

[896] TNA, MH12/3281, Sunderland, 1877, 26 November 1877, Letter enclosing a copy of *Sunderland Daily Post,* 23 November 1877, 'More Malpractice at the Workhouse'. The newspaper reported the addition of one pint of water to each gill of milk which conflicted with the herdsman's evidence.
[897] TNA, MH12/3281, Sunderland, 1877, 23 November 1877.
[898] TNA, MH12/3278, Sunderland, 1873, 10 January 1873, correspondence from guardians to the Local Government Board requesting to purchase cows for a supply of milk in place of skimmed milk.
[899] TNA, MH12/3281, Sunderland, 1877, 29 November 1877, notes of the Local Government inspector, Mr Culley to the Local Government Board.
[900] Crowther, *The Workhouse System 1834-1929,* pp. 215-216.
[901] *Sunderland Daily Echo*, 23 November 1877, p. 3, cols. 3-5; TNA, MH12/3281, Sunderland, 1877, 26 November 1877, cutting of *Sunderland Daily Post,* 23 November 1877.
[902] TNA, MH12/3281, Sunderland, 1877, 26 November 1877.

affected their health.[903] Some guardians clearly considered it acceptable for them to treat such a serious incident with contempt, without regard to their reputation or to the potential consequences for those in their care.

Changing Status of Medical Officers Across the Nineteenth Century

Medical officers played a crucial role in the health and well-being of paupers, both within the workhouse and across the union. There were noticeable differences in the status and treatment of medical officers between the start of the New Poor Law in 1834 and the end of the century. Historians are generally agreed that decisive developments in the medical profession emerged sometime between 1840 and 1880 which brought improved status within the community and as experts, although some practitioners gained power and status over others.[904] While the wider medical profession did not hold the poor law medical officers in high regard they did fair better with guardians and sections of their community as the century progressed, especially after the appointment of medical men to the boards of central and local authorities.[905] Medical officers increasingly established wider networks both within their profession and across their community.[906] Although Crowther paints a bleak picture of the status of poor law medical officers between 1867 and 1914, Hodgkinson is more favourable.[907] She points out that poor law medical officers also served as doctors of people in their neighbourhood including the guardians themselves.[908] Two situations in the Durham unions demonstrate the advantages gained from the improved status of medical officers over the nineteenth century, one from the urban Sunderland union in the 1840s and one in rural Weardale in the 1890s.

The fully qualified medical officer of Bishopwearmouth, Thomas Torbock, determined to improve his remuneration in 1841. Correspondence clearly suggests that he thought the guardians undervalued his worth to his pauper patients, so he enlisted the help of the influential assistant commissioner for the North-East region, Sir John Walsham.[909] Among other evidence Walsham detailed the substantial amounts of monies, in addition to his salary, that Torbock spent on his pauper patients. Significantly,

[903] Two of the guardians had been told every gill of milk had one pint of water added while the cowman reported he had added one quart of water to four quarts of milk. Four gills are equal to one pint.
[904] Brunton, 'The Emergence of a Modern Profession?', p. 120.
[905] John Simon, physician and surgeon, was appointed medical officer to the Privy Council in 1865 and Dr Edward Smith was appointed to the poor law inspectorate in 1865.
[906] Brunton, 'The Emergence of a Modern Profession?', p. 146.
[907] Crowther, *The Workhouse System 1834-1929,* p. 167-174.
[908] Hodgkinson, *The Origins of the National Health Service,* pp. 427-428.
[909] TNA, MH12/3268*,* Sunderland, 1834-42, 8 January 1841, an enclosure with Walsham's letter of 2 February 1841.

Torbock did not seek the support of the other medical officers of the union, nor the wider medical practitioners either local or national, nor the opinions of his pauper patients nor any other person or bodies to promote his case. Clearly the wider networks that come with professional recognition did not exist for Torbock or most other medical officers in 1841. Despite a strong case presented by Walsham the guardians refused to increase his salary and at the next opportunity the guardians awarded Torbock's contract as medical officer to another practitioner.[910] The guardians clearly preferred a compliant medical officer who would limit costs to the ratepayer. Marland also found that medical officers in Huddersfield complained about their remuneration which frequently led to their resignations.[911] However, as the century progressed medical achievements increased, fringe medicine waned, and a professional body of medical practitioners with a countywide network emerged. If Torbock had raised his case later in the century he would probably have involved a broader network of people to support him, including his pauper patients if he thought they valued his efforts.

This was the experience of Dr James Wild appointed by the Tow Law urban district authority as medical officer of health in 1893.[912] After three years in post a personal scandal emerged that might well have cost him his job in earlier decades. Unlike Torbock, Wild had a wider support network to call upon. His network of friends, colleagues and associates were instrumental in him retaining his post. The matter came to the attention of Tow Law urban council through a newspaper article in March 1896 which reported details surrounding his divorce from his wife Mary Annie Wild. His wife brought the suit before a London court which Wild did not defend. The grounds for divorce rested on Wild's cruelty to his wife and his habit of using morphine which made him 'uncontrollable and dangerous'.[913] The newspaper article went on to report that he seized his wife and said he would cut her throat, with corroborative evidence provided. The article caused a stir in the community with council members divided in their opinions.[914] Two factions formed, one consisting of the chairman, a colliery manager and two colliery employees who sought Wild's dismissal. However, Dr Wild had his own wider network of support. A letter to the editor of the *Consett Chronicle* and signed 'Justice' defended the doctor, and a newspaper report of the council meeting recounted in detail the heated debate that the guardians had on morals and privacy. The meeting ended with the chairman's

[910] TNA, MH12/3268, Sunderland, 1834-42, 2 February 1841, Enclosure 3, & 25 March 1841; TNA, MH12/3269, Sunderland, 1843-46, 15 March 1844.
[911] Marland, 'Medicine and Society in Huddersfield and Wakefield, 1780-1870', p. 111.
[912] TNA, MH12/3345, Sanitary Papers: Stanhope Urban, Tow Law Urban, Weardale Rural, 1893-96, 24 April 1893, Wild commenced employment on 12 April 1893; *Consett Chronicle,* 'Tow Law Council and its Medical Officer', 8 May 1896.
[913] *Durham County Advertiser,* 6 March 1896, p. 2, c. 4.
[914] TNA, MH12/3345, Sanitary Papers: Stanhope Urban, Tow Law Urban, Weardale Rural, 1893-96.

casting vote not to reappoint Dr Wild.[915] However, the next meeting of the Tow Law Urban District Council appointed Dr Wild as medical officer of health.[916] The Local Government Board approved the appointment and at the next meeting of the Tow Law council the chairman and two members resigned.[917]

Although James Wild eventually resigned, he did succeed in obtaining the support of a majority of the Tow Law Urban District Council and secured reappointed as their medical officer of health. In the absence of any evidence that he neglected his role as medical officer of health, and against the opposition of three members of the council, one of them a Justice of the Peace, a powerful colliery employer and the chairman of the Council, Wild's network of personal friends, some of his neighbours and a majority of the council members, his employers, secured his post. His standing as a medical man carried more weight in the 1890s, and it is almost certain Dr Wild would have lost his post in earlier decades. For example, in 1851, the Sunderland guardians dismissed William Bulman, medical officer of the Bishopwearmouth Town District of the Sunderland union when the courts declared him guilty of having a 'criminal conversation' with the wife of John Potts, medical officer of the Bishopwearmouth Country District. The guardians considered Bulman unfit to carry out his role as medical officer to the satisfaction of the guardians and to the poor, especially the females.[918] The various debates make it clear that the moral behaviours of the medical officers gave most concern. In the case of Wild, in the 1890s, his cruelty and drug-taking caused most censure rather than his divorce, while in the case of Bulman, in the 1850s, adultery caused most concern. It seems clear that the improved status of medical practitioners, with their wider support networks, provided greater security for them against the financial and moral vagaries of guardians.

A Scandalous Workhouse Case and the Influence of a Nurse

The tentative progress of nursing in workhouses provides an insight into the conditions that both paupers and nurses had to tolerate. Like most unions across the country the Durham unions used pauper inmates to provide all nursing care for the sick poor in the early decades of the New Poor Law and in several unions for most of the century. However, in 1857 the Sunderland guardians

[915] TNA, MH12/3345, Sanitary Papers: Stanhope Urban, Tow Law Urban, Weardale Rural, 1893-96, 8 May 1896; both articles are contained in two consecutive papers date stamped 8 May 1896, and both taken from *The Consett Chronicle,* ''Tow Law Council and its Medical Officer'. Urban and Rural District Councils following the 1894 Local Government Act consisted of guardians and local residents on a one man one vote basis.
[916] TNA, MH12/3345, Sanitary Papers: Stanhope Urban, Tow Law Urban, Weardale Rural, 1893-96, 5 June 1896.
[917] TNA, MH12/3345, Sanitary Papers: Stanhope Urban, Tow Law Urban, Weardale Rural, 1893-96, 18 July 1896; *Northern Echo,* 7 August 1896, p. 8, c. 1.
[918] TNA, MH12/3270, Sunderland, 1847-51, 28 August 1851.

appointed Sarah Clementson as a paid nurse in the Sunderland workhouse. She had five years previous experience as a nurse in Dunstan Lodge Asylum, with the most challenging of pauper patients who were often violent.[919] Nevertheless, she resigned seven days after her appointment. Her letter of resignation included an explanation for the guardians.[920] She did not find the patients of the workhouse or its hospital wards difficult, but she found the insanitary conditions in which they all lived intolerable. Clementson complained of bugs, fleas, nits, vermin, and a range of other insanitary conditions in the workhouse and the hospital wards. The condition of the women and children in both the workhouse and the hospital makes grim reading.[921] The mattresses and bedding were infested, including those in the storerooms. Clothes were similarly infested and dirty, and pauper patients in the hospital wards had rags for bandages, most of which were dirty. Of the sixteen children in one ward, most suffered scald head, one had measles, several had the itch and at mealtimes the children took turns to share four spoons between them, otherwise they used their fingers. Inmates washed in tin dishes using the same water and only one towel to dry the sixteen children and women. In addition to infestations, diseases, dirty conditions and poor hygiene in the hospital wards, Clementson reported two children in one bed, one with the measles and the other a scald head.[922] Another bed held three children and dirty sheets on beds were commonplace.[923] The patients in the insane wards fared even worse and corresponds with Flinn's judgement that the sharing of beds, towels and other furnishings was commonplace across the country's workhouses with beds 'crowded together … sometimes two or three to a bed'.[924] The local newspapers reported the issues raised by Clementson widely, which added to the already low public opinion of workhouse life that readers already held. [925] In her book on poor law children Hulonce expresses some doubts about the 'cruel and harsh' 'reports, songs and literary representations' of the New Poor Law and its workhouses. She claims these were exaggerated and despite the requirement for 'less eligibility' the conditions in the workhouses were often better than poor families in their own homes.[926] Reports in

[919] TNA, MH12/3273, Sunderland, 1857-59, 26 September 1857, Sarah Clementson's statement on 22 September 1857 to inspector Hurst.
[920] TNA, MH12/3271, Sunderland, 1857-59, 22 August 1857, letter to Poor Law Board enclosing letter of resignation.
[921] TNA, MH/3273, Sunderland, 1857-59, 22 August 1857, see copy of Clementson's report dated 3 August 1857.
[922] Scald head is a generic term that could refer to several scalp diseases including scabies. Scabies is associated with lice and bugs, which Clementson complained of.
[923] TNA, MH12/3273, Sunderland, 1857-59, 3 August 1857, Clementson's report to guardians.
[924] Flinn, 'Medical Services under the New Poor Law' pp. 55-56.
[925] *The Newcastle Guardian,* 15 August 1857, p. 5, col, 4; *Durham Chronicle,* 21 August 1857, p. 8, col. 1, 'Shameful Neglect of Workhouse Inmates at Sunderland'; *Alnwick Mercury,* 26 September 1857, p. 3, col. 2; *Durham Chronicle,* 20 November 1857, p. 8, col. 1.
[926] Lesley Hulonce, *Pauper Children and Poor Law Childhoods in England and Wales 1834-1910* (Self-published with Kindle, 2016), available at

local newspapers tended to embellish the accounts of the Sunderland workhouse but other sources suggest that Sarah Clementson did not exaggerate her experience or the conditions she and the pauper inmates had to live in.[927] The newspaper accounts emphasised the sensational elements of the affair. Articles were predisposed to praise the guardians and were selective in what they chose to include. The several newspaper reports did not always accord with the accounts provided to the enquiry. For example, one account reported the master's disdain of inmates which distorts the report he made to the enquiry.[928] Although the articles expressed the sentiments of nurse Clementson they contained alterations that preserved the widely held expectations of workhouse life. This case demonstrates the need to cross-check the claims of newspapers with other sources.

The minutes of the meeting of guardians reveal that they knew they held blame and accountability, along with the master and matron of the workhouse. However, instead of taking decisive action to ensure a proper functioning workhouse they chose to preserve their own reputations.[929] The guardians were clearly negligent in the management of the workhouse operation and failed to discharge their responsibility for the conditions that prevailed. They failed to provide proper oversight of the master and matron and placed too much reliance on their work. The central authorities required boards of guardians to establish a visiting committee. They had responsibility for the inspection of the workhouse to ensure its proper management and maintenance.[930]

<https://www.academia.edu/27951893/Book_Pauper_Children_and_Poor_Law_Childhoods_in_England_and_Wales_1834-1910?email_work_card=view-paper>, Although self-published this work has been peer reviewed. The work is an update of a PhD thesis which Hulonce submitted for publication. The book received encouraging peer reviews, but Hulonce rejected the publisher's terms which she believed would limit its readership.

[927] Hodgkinson, *The Origins of the National Health Service,* p. 149, describes 'the squalor, filth, neglect, and cruelty … in the early years of the New Poor Law'; Crowther, *The Workhouse System 1834-1929,* p. 160-2, reports 'enumerable stories of the atrocious conditions in many workhouse infirmaries'; Shave, *Pauper Policies*, pp. 217-234, analyses the Andover scandal; Lees, *The Solidarities of Strangers,* p. 150, says 'the workhouse inspired lurid stories and rumours for generations'; Bernard Harris, *The Origins of the British Welfare State Society, State and Social Welfare in England and Wales, 1800-1945* (Basingstoke: Palgrave Macmillan, 2004), p. 50, tells us '*The Times* published more than a hundred accounts of workhouse cruelty'; Fraser, *The Evolution of the British Welfare State,* p. 60, reports 'an image … of the workhouse as an instrument of cruelty'.

[928] TNA, MH12/3273, Sunderland, 1857-59, 22 September 1857.

[929] TNA, MH12/3273, Sunderland, 1857-59, 20 August 1857, this was a verbatim account of a guardians' meeting reported in the *Northern Daily Express* and held prior to the Poor Law Board enquiry.

[930] The workhouse visiting committee had responsibility to the guardians for the monitoring and regular reporting on the operational aspects of the workhouse to ensure the proper care of premises, the appropriateness of facilities, adherence to dietaries, satisfactory vaccination processes and medical care and that no overcrowding or unhealthy environments existed. Commissioners issued workhouse regulations to ensure tolerable environments and to avoid scandals. To oversee the whole operation, assistant commissioners monitored union operations and their workhouses. However, with few assistant commissioners' inspections only took place one or twice a year. The visiting committee constituted the main source of information for guardians on the operation of the workhouse.

Sunderland union had a workhouse visiting committee, but judging by their reports, they obviously gave no more than a cursory glance at the state of affairs in the workhouse. Their reports regularly stated that 'the house was in a clean and orderly state'.[931] To investigate Clementson's complaints the guardians established a special committee, consisting of five guardians, John Candlish the chairman of the board and of the special committee, Jonathan Rewcastle, George Booth, John Bruce and Mr Hodgson. Despite arriving at the workhouse on the same day as the regular workhouse visiting committee, the two produced conflicting reports.[932] Since both committees consisted of guardian members it seems clear that standards varied widely between the several members. This serves as a warning when reading guardians minutes which tend to record majority decisions, omitting the variations that may exist between guardians. It is important to utilize other sources, especially in situations with the potential to cause scandal, such as correspondence with the central authorities, which may contain more detail on a topic, or newspaper articles which often provide verbatim accounts of meetings.

The Poor Law Board placed a heavy reliance on newspaper reports to alert them to union matters that may have given them cause for concern at local or national level. The Old Poor Law operated at local level, so any problems remained local. However, the New Poor Law operated as a centralised system, so all local problems had the potential for national scandal.[933] The newspaper report of the guardians' meeting, that dealt with the Sunderland guardians' special report, alerted the Poor Law Board to a possible scandal.[934] However, prior to receiving the newspaper report the Poor Law Board asked the guardians why Clementson had resigned, a normal procedure when informed of an officer's resignation. The guardians forwarded both her letter of resignation and the report of the special committee appointed to investigate the allegations.[935] The carefully crafted conclusions of the special committee did not make any specific proposals. The chairman, John Candlish, was politically astute and recognised the vulnerable position of the board of guardians. At the full board meeting to discuss the report it was Candlish who intervened in the discussion to point out the vulnerability of the guardians in order to direct their decisions. The report simply expressed the 'hope' that the master and matron would correct 'the great evils' and that the guardians would not have to ask them to resign. No doubt the guardians hoped that would conclude the matter and

[931] TNA, MH12/3273, Sunderland 1857-59, 19 August 1857, newspaper cutting from the *Northern Daily Express.*
[932] TNA, MH12/3273, Sunderland, 1857-59, 19 August 1857, Guardians' meeting with guardian Mr Candlish pointing out the contradictory conclusions of each committee.
[933] Shave, *Pauper Policies,* p. 60.
[934] TNA, MH12/3273, Sunderland, 1857-59, 20 August 1857, *Northern Daily Express.*
[935] TNA, MH12/3273, Sunderland, 1857-59, 22 August 1857, covering letter enclosing the two documents.

judging by the notes of the Poor Law Board's officers, matters would have rested there but for the receipt of the newspaper report that contained the verbatim account of the guardians' meeting.[936] The Poor Law Board immediately charged their inspector Hurst with conducting their own enquiry into the affair.[937]

Following Hurst's investigation and his report the master and matron resigned on 18 November 1857 with replacements appointed on 9 December 1857.[938] The accounts of the master and matron contained an acknowledgement of the poor conditions in the workhouse, including vermin, which suggested an ethos of indifference and ineptitude on their part. They pursued a culture of deterrence which Dunkley found in the Durham unions during the 1840s, that matched or exceeded the expectations of the 1834 poor law architects.[939] The culture was still evident over a decade later in the recently built state-of-the-art Sunderland workhouse in 1857.[940] The conditions and treatments in the Sunderland workhouse added to the misery of pauper inmates and created unhealthy environments. It is clear that the master and matron were remiss in their management of the Sunderland workhouse, but two enquiries transpired before they were finally asked to resign, one by the guardians which reported on 12 August 1857 and one by the Poor Law Board which concluded on the 26 September 1857.[941] Although the master and matron carried responsibility for the condition of the workhouse the guardians' workhouse committee did not fulfil their responsibilities to properly monitor the workhouse operation, yet they received no censure. The newspaper account that reported the resignation of the master and matron condemned their neglect but praised the role of the guardians and pointed to the good work of the visiting committee. It seems no coincidence that the chairman of the guardians' special committee, John Candlish, had newspaper affiliation, having founded the *Sunderland News* newspaper in 1851.

Workhouse medical officers had little or no power over the conditions of inmates in either the sick wards or workhouse infirmary. The master of the workhouse had full control of all aspects of workhouse operation. Inspector Hurst seems to have recognized this and did not hold Charles Nattrass, the workhouse medical officer, personally negligent. As discussed in chapter two the

[936] TNA, MH12/3273, Sunderland, 1857-59, 25 and 29 August 1857, notes of Poor Law Board officers.
[937] TNA, MH12/3273, Sunderland, 1857-59, 7 September 1857.
[938] *Durham Chronicle,* 20 November 1857, p. 8, col. 1; *Durham Chronicle,* 11 December 1857, p. 5, col. 5.
[939] Peter Dunkley, 'The "Hungry Forties" and the New Poor Law: A Case Study', *The Historical Journal,* 17,02, (1974), p. 335.
[940] TNA, MH12/3271, Sunderland 1852-54, 10 January 1854, the report contains details of rooms, facilities and costs of the new workhouse. The workhouse, built in the period 1853-55 was operational from 13 October 1855.
[941] TNA, MH12/3271, Sunderland, 1857-59, 12 August 1857 & 26 September 1857.

central authorities expressed, on a number of occasions, their disquiet at the conditions of employment of northern medical officers and the relatively low esteem that guardians accorded to them.[942] In addition, it would seem that Nattrass had no confidence that the guardians would do anything to improve the conditions. This supports Hodgkinson's finding in Croydon, where repeated warnings by the medical officer to guardians on the unhealthy condition of the workhouse infirmary went unheeded despite the reported financial gains.[943] In 1849, following a report by the poor law inspector, Mr Hawley, on an outbreak of itch in the Sunderland workhouse, the guardians censured the master and matron as well as the medical officer for tolerating conditions detrimental to health.[944] It would appear that the condition of the workhouse was a longstanding problem and the testimony of the medical officer indicated that he was aware of the conditions, including the 'marks of fleas' on pauper patients, the use of rags, the inadequate sleeping arrangements and the 'confused' hospital arrangements.[945] Although Nattrass failed to do anything about the conditions, this probably resulted from his lack of control over the infirmary. Crowther found that poor law doctors constantly had 'to refer to the workhouse master'.[946] If the inspector had considered the medical officer blameworthy, then he would have reminded him of his duty both to his pauper patients and to the guardians, as detailed in the 1842 medical order. The order stated that medical officers had to report to the guardians any health hazards in the workhouse.[947] However, as Hodgkinson notes, guardians were at liberty to ignore any advice the medical officer may provide. Hurst made no reference to Nattrass in his conclusions, indicating he placed the blame with the union's managers. Price argues that both the central and local authorities regularly blamed medical officers' when things went wrong, especially in matters of health.[948] In this case it appears the inspector recognized the limitations of Nattrass's powers and expectations in a badly managed union workhouse.

The historiography abounds with tales of conditions in workhouses. For example, Crowther reports some workhouses in Lancashire and Yorkshire as sordid dens, Shave described the Bridgwater workhouse as overcrowded and unsanitary, and Hodgkinson found disgraceful conditions at Preston

[942] *The Ninth Annual Report of Poor Law Commissioners* (London: HMSO, 1843), pp. 10-11; TNA, MH12/3268, Sunderland, 1834-42, 2 February 1841, Enclosure 3.
[943] Hodgkinson, *The Origins of the National Health Service,* pp. 160-161.
[944] TNA, MH12/3270, Sunderland, 1847-51, 26 January 1849.
[945] TNA, MH12/3271, Sunderland, 1857-59, 26 September 1857, sworn statement of medical officer, Charles Nattrass.
[946] Crowther, *The Workhouse System 1834-1929,* p. 160.
[947] *The Eighth Annual Report of 1842*, Appendix A, p. 72, Art. 59.
[948] Price, *Medical Negligence in Victorian Britain,* p. 11.

workhouse which required the intervention of an assistant commissioner.[949] However, the conditions in the Sunderland workhouse persisted from the old workhouse into the operation of the new, suggesting a poor oversight on the part of the guardians. Clearly the guardians' placed a heavy reliance on the master of the workhouse. The master had power over other workhouse officers, as well as the inmates. In addition, he accounted for food consumption, the production of statistical returns and the keeping of accounts. So, he held considerable power. Crowther argues that the master's greatest power rested with his control over all aspects of workhouse operation and that where a master maintained discipline and economy then guardians often did not interfere.[950] In Andover, for example, the master had complete control of the workhouse operations with little if any involvement of guardians. Shave claims that the master and matron had the freedom to not only underfeed the inmates, but they also subjected them to 'horrifying physical and mental abuse'.[951] These accounts bear some similarity to the experiences in the Sunderland workhouse under the operation of Hart, the master, and his sister, the matron. The findings in the Sunderland union seem to confirm the view that the guardians allowed the master considerable sway in how he ran the workhouse. However, the Sunderland union had a visiting committee composed of guardians that regularly reported to the board. Hodgkinson points to the 1849 requirement for workhouse visiting committees to inquire and report to the boards of guardians weekly.[952] She also notes that they would have little interest in the beds, linen and sanitary arrangements because of the principle of deterrence under the New Poor Law.[953] It was not until the late 1860s that we begin to see critical reports of visiting committees that both the guardians and the poor law inspectors could rely on.[954] No guardians were censured, yet it is clear they operated inadequate systems throughout the tenure of Hart and his sister, and their workhouse committee failed to carry out their duties. Without the arrival of an experienced nurse, prepared to expose the workhouse deficiencies, these conditions would probably have continued with a worsening health environment and consequences.

Conclusion

The chapter has argued that the procedures to obtain medical care in the Durham unions created conflict in urgent cases between the needs of the sick pauper and the financial risks of the medical practitioners. This supports Price's claim that the bureaucratic system of the New Poor Law

[949] Crowther, *The Workhouse System 1834-1929,* p. 49; Shave, *Pauper Policies,* p. 203; Hodgkinson, *The Origins of the National Health Service,* p. 159.
[950] Crowther, *The Workhouse System 1834-1929,* p. 118.
[951] Shave, *Pauper Policies,* p. 226.
[952] Hodgkinson, *The Origins of the National Health Service,* p. 457.
[953] Hodgkinson, *The Origins of the National Health Service,* p. 458.
[954] Crowther, *The Workhouse System 1834-1929,* p. 69.

influenced interactions between pauper and doctor and 'underpinned the neglect of patients'.[955] Price also found sudden and urgent cases were a major 'cause of problems with attendance'.[956] The chapter has also shown that urban unions found it easier to replace negligent medical officers than rural unions. It also seems that the guardians' determination not to reappoint negligent medical officers meant that negligence of medical officers did not constitute a widespread problem. This evidence refutes Price's claim that medical officers regularly shirked their duties.[957] According to Crowther in those unions with lax guardians the medical officer 'had every temptation to shirk his duties'.[958] It is probable that the money conscious guardians of the Durham unions did not allow the officers they appointed to under deliver on their contractual responsibilities on a regular basis. These various case studies illustrate the contrasting experiences of the industrial urban communities and the rural districts of Northern England.

Crowther tells us 'there is no evidence to contradict' historians' disreputable view of pre-Nightingale workhouse nursing.[959] So evidence from the Sunderland union provides a valuable contribution to the historiography of poor law nursing. The analysis has shown that the guardians' concern for their own reputations held greater sway than their concerns for the conditions of paupers. It also demonstrated the guardians' lack of standards and their reliance on the master of the workhouse rather than the proper functioning of their visiting committee or the advice of their medical officer. This seems to confirm Crowther's assessment of northern guardians, that they took little interest in medical care of sick pauper inmates and left most matters concerning the workhouse to the discretion of the master.[960] Unlike guardians in the South of England where the commissioners required the able-bodied pauper to enter the workhouse, Walsham advised the commissioners that the guardians in northern unions regarded the workhouse as an alms-house for the old and frail preferring to provide the able-bodied with out-relief.[961] However, the dependence on the master of the workhouse did not encourage medical officers to give their best service.

Analysis of pauper evidence has demonstrated the vulnerability of a family due to the settlement laws and powers of removal. Other pauper evidence has also provided an insight into the demeaning behaviour those in need felt they had to show in order to obtain relief. These provide a valuable

[955] Price, *Medical Negligence in Victorian Britain,* p. 152.
[956] Price, *Medical Negligence in Victorian Britain,* p. 160.
[957] Price, *Medical Negligence in Victorian Britain,* p. 24.
[958] Crowther, *The Workhouse System, 1834-1929,* p. 163.
[959] Crowther, *The Workhouse System, 1834-1929,* p. 166.
[960] Crowther, *The Workhouse System, 1834-1929,* p. 49.
[961] TNA, MH12/3313, Teesdale, 1834-39, 22 January 1837.

addition to poor law history by showing how the laws of settlement could impact negatively on the lives of poor people and the behaviours poor people adopted with poor law officials.

Comparison of two issues concerning medical officers, at different periods of the nineteenth century, illustrates the improving status of medical officers and their widening networks of influence. However, the chapter has also demonstrated a number of areas of good practice, especially associated with the work of medical officers, which the central and local authorities failed to share with the wider public. Evidence of good practice under the New Poor Law is a rare occurrence, which makes this study a significant contribution to the historiography of the New Poor Law and its medical services.

CONCLUSIONS

This thesis set out to analyse the changes in poor law medical care in the urban, mining and rural unions of County Durham through the lens of the medical providers and the sick poor. Englander has highlighted the propensity of historians to focus on the policy of the poor law rather than the experiences of people.[962] This study has thus concentrated on the guardians as managers, the medical officers and nurses as providers and the sick poor as receivers of poor law medical services, as well as the environments in which they operated. County Durham has proved an excellent choice because it had a range of contrasting communities with different socio-economic characteristics and varying populations. This has allowed comparison of the medical services provided by different poor law unions to demonstrate the impact of a national poor law policy at local level. The study has scrutinized the medical services of three unions in detail: Sunderland, an expanding urban port; Chester-le-Street, an expanding mining community; and Weardale a declining, widespread, rural area.

Several historians of poor law operations have identified diversity between regions, counties and unions.[963] King for example took a quantitative approach identifying differences in relief between four regions and eight subregions of England, despite initially arguing for a north-south divide.[964] In the study of Devon, however, Forsythe et al discovered a range of practices in the operation of the poor law across the county which affected the treatment of pauper lunatics.[965] At an even more local level Crowther pointed to a number of ways workhouses operated which related to the size and wealth of the union and could vary over time.[966] This county study has found variety in the operation of medical services between neighbouring unions and within unions, as well as diversity in the experiences of the providers and receivers of medical care. The evidence of this thesis suggests that the diversity in County Durham stemmed from a number of factors including: the socio-economic character of the unions and its districts; the management of medical provision; local customs; and the agency of the several medical providers and receivers of medical care. The remote districts of

[962] Englander, David, *Poverty and Poor Law Reform in Nineteenth Century Britain, 1834-1914* (London: Longman, 1998), p. 90.
[963] Steven King, *Poverty and welfare in England 1700-1850: A regional perspective* (Manchester: Manchester University Press, 2000), pp. 10 & 261-263; M. A. Crowther, *The Workhouse System 1834-1929: The History of an English Social Institution* (London: Methuen, 1983), p. 3; Karen Rothery, 'The Implementation and Administration of the New Poor Law in Hertfordshire c. 1830-1847' (unpublished doctoral thesis, University of Hertfordshire, 2016), pp. 173 & 315; Bill Forsythe, Joseph Melling & Richard Adair, 'The New Poor Law and the County Pauper Lunatic Asylum – The Devon Experience 1834-1884', *The Society for the Social History of Medicine,* (1996), 9, 335-55, p. 336.
[964] King, *Poverty and welfare in England 1700-1850,* p. 262.
[965] Forsythe, et al., 'The New Poor Law and the County Pauper Lunatic Asylum', p. 354.
[966] Crowther, *The Workhouse System 1834-1929*, p. 6.

Weardale, with little or no access to qualified medical practitioners, faced very different challenges to the port town of Sunderland where there was a constant risk of importing disease which then flourished in insanitary urban districts. Meanwhile in the Chester-le-Street union the frugality of the guardians did not encourage their medical officers to provide the best care for the sick poor.

The thesis has also shown that the medical services provided under the New Poor Law expanded and improved across County Durham throughout the second half of the nineteenth century. These services probably mark the most important achievement of the poor relief system in all of the county's unions. This finding supports Flinn's view that the growth of medical relief was a remarkable outcome of the New Poor Law.[967] Despite the changing socio-economic challenges experienced by all of the Durham unions over the second half of the nineteenth century this study has found improvements in medical provision in all three of the county's diverse unions. In Weardale, despite the limited availability of medical practitioners, the guardians had no hesitation in removing a negligent medical officer. In Sunderland, the guardians actively sought changes in the legislation and regulations to secure improved vaccination levels. Unions across the county made improvements in vaccination with increased levels of uptake. Durham's rural districts took advantage of employing trained nurses at times of epidemic and the Sunderland union increasingly employed trained nurses as well as establishing an accredited nurse training programme.

The medical services operated under the control and management of the union guardians. Chapter one has detailed the factors that allowed the rapid formation of poor law unions in the county within a three-month period and has demonstrated the importance of the assistant commissioner in this process. The study has demonstrated that the boards of guardians reflected the socio-economic characteristics of the unions and that *ex-officio* guardians maintained control of all of the county's unions in their role as chairman of the board in the early years of union operation. As confidence in union management increased, they relinquished this role and only attended board meetings at times of crisis. Cliques increasingly dominated board meetings facilitated by those guardians who were unable to attend on a regular basis, especially those residing in outlying parishes. The thesis has also shown how the administrative organisation of the three different unions of the county conformed to the standard principles of the central authorities but differed in operation at local level in order to meet the needs of their communities. In particular, chapter two has demonstrated that after the initial establishment of relief districts most unions had to create more districts in order to provide

[967] Michael W. Flinn, 'Medical Services under the New Poor Law', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (Basingstoke: Macmillan, 1976), pp. 45-66, p. 48.

medical relief. Following the introduction of the 1842 Medical Order, the Sunderland union increased its medical districts to conform with the prescribed limits whereas the rural Weardale union found it impossible to conform with several of the order's requirements, an issue identified in other rural districts of England.

The professionalization of medical practitioners in the nineteenth century enhanced the opportunities for the poor law medical officers in the Durham unions to build wider networks of influence within their communities. In line with the advances in surgery and laboratory medicine the guardians increasingly placed greater value on the role of the medical officers and nurses. Nursing in particular assumed greater importance with the increasing use of trained nurses. In Durham's large urban unions, the development of nurse training programmes was a contributory factor in the evolving professionalization of nurses. Through a series of case studies, contained in chapter four, this thesis has evaluated the experiences of the providers and receivers of medical care in contrasting environments of the county's unions and districts. Using rare pauper evidence and reading across the grain of various administrative records the thesis has shown the diverse range of challenges and obstacles that the sick poor, the medical officers and the nurses experienced. Robert Brown died when he found himself in need of medical care in Tow Law a district with no medical practitioner. The convoluted procedures and distance conspired to deny him timely medical care. In consequence guardians scapegoated the medical officer who lost his post. Accidents and emergencies proved hazardous for both the doctor and the patient and nurses often found their living quarters less than ideal, especially in rural areas. According to Lees, historians need to pay more attention to welfare receivers.[968] The findings of this study address this omission by adding to the literature the experiences of the people at the heart of poor law medical relief.

Focusing on those at the heart of medical relief is particularly enlightening in the case of smallpox vaccination. The thesis has provided rare evidence on the smallpox vaccination programme as it operated in County Durham. Chapter three has shown that organisational obstacles impeded the success of the programme in the early decades of its operation. Nevertheless, the study has also demonstrated the success of the vaccination programme following the admission of medical expertise on national policy making bodies. The measures introduced included certified vaccination training programmes, the application of effective vaccination techniques and improved delivery processes and procedures. These collectively led to the delivery of effective vaccinations and

[968] Lynn Hollen Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1948* (Cambridge: Cambridge University Press, 1998), p. 9.

increased uptake. The thesis has also shown that the Durham unions did not gain any significant benefits from the introduction of compulsory vaccination measures alone.

Finally, the thesis has added to the debate on poor law medical services with an emphasis on the unions of County Durham. Two of the key findings of this research concern the expansion of medical services in the county and the diversity of experience at local level. By viewing the medical services through the lens of those delivering and receiving medical relief, and by taking a comparative approach, the study suggests that, for a national policy to be successful, it needs to adapt to local need.

Bibliography

Primary Sources

Durham County Records Office

U/Au 1 Auckland Union Guardians' minute book, 5 February 1863-18 January 1866
U/CS 2 Chester-le-Street Union Board of Guardians rough minute book, 23 March 1848-1 April 1852
U/Da 676 Darlington Union Board of Guardians minute book, Volume 1, 22 February 1837-23 September 1839
U/Da 677 Darlington Union Board of Guardians minute book, Volume 2, 7 October 1839-13 June 1842
U/Du 1 Durham Union Guardians' minutes, 12 January 1837-28 December 1844
U/Ea 1 Easington Union Guardians' minutes, 27 January 1837-10 August 1847

Tyne and Wear Archives

PU/SS/1/1/1 South Shields Guardians' minutes, 13 December 1836-26 June 1838
PU/SS/1/1/2 South Shields Guardians' minutes, 10 July 1838-30 March 1841

Durham University Archives

GB33DCD Durham University Archives, Durham Cathedral Archive, 1868 Section
BAC/43/2b,3c Backhouse papers, Palace Green Library, 'William Backhouse, banker of Darlington' 20 May 1856

The National Archives

MH12 Series: Local Government Board and predecessors: Correspondence with Poor Law Unions and Other Local Authorities

2928 Auckland Union, Correspondence, 1834-42
2958 Auckland Union, Correspondence, 1895-96
2968 Chester-le-Street Union, Correspondence, 1836-45
2969 Chester-le-Street Union, Correspondence, 1846-51
2970 Chester-le-Street Union, Correspondence, 1852-55
2974 Chester-le-Street Union, Correspondence, 1871-76
2991 Darlington Union, Correspondence, 1847-49
2994 Darlington Union, Correspondence, 1857-59
3065 Easington Union, Correspondence, 1900-01
3068 Gateshead Union, Correspondence, 1834-42
3119 Hartlepool Union, Correspondence, 1859-61
3156 Houghton-le-Spring Union, Correspondence, 1886-88
3188 Sedgefield Union, Correspondence, 1834-45
3201 South Shields Union, Correspondence, 1834-41
3202 South Shields Union, Correspondence, 1843-49
3203 South Shields Union, Correspondence, 1850-55
3242 Stockton Union, Correspondence, 1848-51
3268 Sunderland Union, Correspondence, 1834-42
3269 Sunderland Union, Correspondence, 1843-46
3270 Sunderland Union, Correspondence, 1847-51
3271 Sunderland Union, Correspondence, 1852-54
3272 Sunderland Union, Correspondence, 1855-56
3273 Sunderland Union, Correspondence, 1857-59
3274 Sunderland Union, Correspondence, 1860-62

3275 Sunderland Union, Correspondence, 1867-69
3276 Sunderland Union, Correspondence, 1870-71
3277 Sunderland Union, Correspondence, 1871-72
3278 Sunderland Union, Correspondence, 1873
3281 Sunderland Union, Correspondence, 1877
3287 Sunderland Union, Correspondence, 1884
3301 Sunderland Union, Correspondence, 1895-96
3302 Sunderland Union, Correspondence, 1897-98
3313 Teesdale Union, Correspondence, 1834-39
3329 Teesdale Union, Correspondence, 1897
3333 Weardale Union, Correspondence, 1834-42
3334 Weardale Union, Correspondence, 1843-48
3335 Weardale Union, Correspondence, 1849-55
3336 Weardale Union, Correspondence, 1856-61
3337 Weardale Union, Correspondence, 1862-71
3338 Weardale Union, Correspondence, 1871-74
3339 Weardale Union, Correspondence, 1875-76
3344 Weardale Union, Correspondence, 1897-1900
3345 Sanitary Papers: Stanhope Urban, Tow Law Urban, Weardale Rural, 1893-96

MH13 Series: General Board of Health and Home Office, Local Government Act Office: Correspondence
77, Gateshead correspondence, 1845-1871

MH32 Series: Local Government Board and predecessors: Assistant Poor Law Commissioners and Inspectors, Correspondence
77 & 78, Sir John Walsham correspondence and papers related to the Northern Districts

Parliamentary Papers
Annual Reports of the Poor Law Commissioners
First Annual Report (House of Commons, 10 August 1835)
Second with Appendices A, B, C, & D (House of Commons, 19 August 1836)
Third with Appendices A, B, & C (House of Commons, 17 July 1837)
Fourth with Appendices A, B, & C (London: HMSO, 1838)
Fourth Appendix D (London: HMSO, 1839)
Fifth with Appendices 1 May 1839 (Command Papers, 3 May 1839)
Fifth with Appendix E (London: HMSO, 1840)
Sixth with Appendices (London: HMSO, 1840)
Seventh with Appendices (London: HMSO, 1841)
Eighth with Appendices (London: HMSO, 1842)
Ninth with Appendices (London: HMSO, 1843)
Tenth with Appendices (London: HMSO, 1844)
Eleventh with Appendices (London: HMSO, 1845)
Appendices to the Twelfth Annual Report (London: HMSO, 1846)
Appendices to the Thirteenth (London: HMSO, 1847)
Fourteenth with Appendices (London: HMSO, 1848)
Report of the Poor Law Commissioners 1848 (London: HMSO, 1849)

Annual Reports of the Poor Law Board
First Annual Report (London: HMSO, 1849)
Second (London: HMSO, 1850)

Third (London: HMSO, 1851)
Fourth (London: HMSO, 1852)
Fifth (London: HMSO, 1853)
Sixth (London: HMSO, 1854)
Seventh (London: HMSO, 1855)
Eighth (London: HMSO, 1856)
Ninth (London: HMSO, 1857)
Tenth (London: HMSO, 1858)
Eleventh (London: HMSO, 1859)
Twelfth (London: HMSO, 1860)
Eighteenth Annual Report 1865-66 (London: HMSO, 1866)
Poor Law Board (Workhouse Inspection) (House of Lords Papers: Returns, 1867-68)

Annual Reports of the Local Government Board
First Annual Report 1871-72 (London: HMSO, 1872)
Second Annual Report 1872-73 (London: HMSO, 1873)
Fourth Annual Report 1874-75 (London: HMSO, 1875)
Fifth Annual Report 1875-76 (London: HMSO, 1876)
Ninth Annual Report 1879-80 (London: HMSO, 1880)
Sixteenth Annual Report 1886-87 (London: HMSO, 1887
Twenty-Third Annual Report 1893-94 (London: HMSO, 1894)
Twenty-Ninth Annual Report 1899-1900 (London: HMSO, 1900)
Thirty-Sixth Annual Report 1906-7 (London: HMSO, 1907)

Reports of Registrar General
Fifth – Sixty Seventh Annual Report of the Registrar General (London: HMSO, 1843-1906)
25th, 35th, 44th, 55th & 65th Supplement to Annual Report of Registrar General of Births, Deaths and Marriages in England (London: HMSO, 1864, 1874, 1885, 1895 & 1907)

Reports of the Medical Officer of the Privy Council
Second Report of the Medical Officer of the Privy Council, 1859, (London: HMSO, 1859)
Third Report, 1860 (London: HMSO, 1860)
Fourth Report of the Medical Officer of the Privy Council with Appendix, 1861 (House of Commons, 11 April 1862)
Fifth Report, 1862 (London: HMSO, 1863)
Sixth Report, 1863 (London: HMSO, 1864)
Seventh Report, 1864 (London: HMSO, 1865)
Reports of the Medical Officer of the Privy Council and Local Government Board, New Series, No. VII (London: HMSO, 1876)

Census Reports
1841 – 1911 England Census
Census of England and Wales, 1881, Vol. II., Area, Houses and Population (London: HMSO, 1883)
Census of England & Wales, 1901, County of Durham (London: HMSO, 1902)
Census of England and Wales 1901, Summary Tables: Area, Houses and Population, (London: HMSO, 1903)

Other Parliamentary Reports
Poor Rates: Abstract of Returns in each County in England and Wales in the year ending 25 March 1829 (House of Commons, 12 March 1830)

Population Comparative Account of the Population of Great Britain in the years 1801, 1811, 1821 and 1831 (House of Commons Papers, 1831), 348, XVIII.1, pp. 85-91.
Report from His Majesty's commissioners for inquiring into the administration and practical operation of the Poor Laws (House of Commons, 1834), 44, XXVII.1, XXVIII.1, 251, XXX.1, XXXI.1, XXXII.1, XXXIII.1, XXXIV.1, XXXV.1, XXXVII.1, XXXVIII.1, 251, 313, XXXIX.1
Select Committee on Poor Law Amendment Act. First Report (House of Commons, 1837)
Sanitary Inquiry: Local Reports on the Sanitary Condition of the Labouring Population of England (London: HMSO, 1842)
Enumeration Abstract 1841 (London: HMSO, 1843)
Return of Names of each Poor Law Union in England and Wales, according to Districts of Assistant Commissioners (House of Commons Papers, 1843)
Poor Law Amendment Act. Poor Relief (House of Commons, 27 & 28 March 1843)
Report of the Select Committee on Medical Poor Relief (House of Commons, 1844)
Return of the Number of Officers employed in 591 Unions, with the Amount of Salaries for the Year 1844-5 (House of Commons, 22 May 1849)
Report from the Select Committee on Medical Relief; together with the Proceedings of the Committee, Minutes of Evidence, Appendix and Index (House of Commons, 5 July 1854)
1861 Population Tables, Vol. 1 (London: HMSO, 1862)
Provincial Workhouses (House of Lords, 28 November 1867)
Report on the Cholera Epidemic in England (London: HMSO, 1868)
Return of Number of Prosecutions in England and Wales under Vaccination Act (1867), 1870-74, 400, LXI.635, 61 (House of Commons Papers, 1875)
Return of Number of Persons who have been Imprisoned or Fined for Non-Compliance with Act relating to Vaccination of Children (Amended), 289, LXXVI.651, 76 (House of Commons Papers, 1881)
Report of the Commissioners appointed to inquire respecting Smallpox and Fever Hospitals in the Metropolis (London: HMSO, 1882)
Return of Convictions under Vaccination Acts, Repeated Convictions and Amount of Repeated Fines, 1889-90, 104, LIX.595, 59 (House of Commons Papers, 1890)

Periodicals

The Lancet Vol. 1 & Vol. 2 (London: 1823-1896), 1832-33, vol. 1, pp. 171-173 & 584-586; 1838-39, vol. 1, p. 670; 1849, vol. 1, pp. 206-207 & 605; 1846, vol. 1, p. 709; 1849, vol. 2, p. 20; 1859, vol. 2, pp. 622-623.
The London Medical Gazette, Vol. III (London: Longman Rees, Orme, Brown and Green, 1829)
Provincial Medical & Surgical Journal (1840-42) Vol. 1:1 – Vol. 3:27 (BMJ)
The British Medical Journal 1860, 1, 162, pp. 91 & 95; 1871, 1, 531, p. 228; 1896, 2, pp. 857-862; 1911, 1, 2614, 4 Feb 1911
London Medical and Physical Journal (New York: Wentworth Press, 2019)
Edinburgh Medical and Surgical Journal (New York: Wentworth Press, 2019)

Newspapers

Alnwick Mercury, 26 Sep 1857
Consett Chronicle, 8 May 1896
Daily Chronicle and Northern Counties Advertiser, 8 Aug 1861
Durham Chronicle, 25 Jul 1834; 24 Feb 1837; 3 Mar 1837; 24 Mar 1837; 16 Mar 1838; 27 Feb 1841; 14 Apr 1843; 21 Aug 1857; 20 Nov 1857; 11 Dec 1857
Durham County Advertiser, 2 Sep 1836; 23 Sep 1836; 16 Dec 1836; 24 Mar 1837; 30 Mar 1838; 1 Jan 1841; 18 Feb 1853; 17 Dec 1869; 15 Jan 1875; 31 Oct 1884; 6 Mar 1896
The Gateshead Observer
Newcastle Courant, 10 Mar 1837; 31 Mar 1837; 16 Mar 1838; 26 Jun 1840; 14 Apr 1843

Newcastle Guardian, 15 Aug 1857
Newcastle Journal, 14 May 1836; 25 Feb 1837; 9 Jul 1836; 16 Jul 1837; 13 Mar 1847
North Devon Journal, 8 May 1828
Northern Echo, 20 Sep 1870; 7 Aug 1896
Northern Liberator, 7 Apr 1838
Shields Daily Gazette, 3 Feb 1871
Sunderland Herald and Daily Post, 23 Nov 1877; 1 Apr 1884; 10 Apr 1884
Sunderland Daily Echo, 3 Nov 1876; 23 Nov 1877; 1 Apr 1884; 3 Apr 1884
Sunderland Times, 22 Nov 1872
Westmorland Gazette, 12 Dec 1840
Yorkshire Gazette, 5 Jul 1834

Printed Primary Sources

Bauke, Algernon C., *The Vaccination Act 1867 and the Vaccination Act 1871,* Third Edition (London: Shaw & Sons, 1871)
Bostock, J., *A Sketch of the History of Medicine* (London: Sherwood, Gilbert and Piper, 1835)
Creighton, Charles, *A History of Epidemics in Britain,* Vol. 2 (Cambridge: Cambridge University Press, 1894)
Hodgkin, Thomas, *On the mode of selecting and remunerating medical men for professional attendance on the poor of a Parish or District,* read before the Hunterian Society, (Lindfield, 1836)
Pigot and Co's National Commercial Directory, 1828-9: for Cumberland, Durham, Northumberland, Westmorland and Yorkshire (Manchester: J. Pigot, 1829), pp. 149-206 & pp. 598-612.
Poor Law Commissioners, *Official circulars of public documents and information directed by the Poor Law Commissioners to be printed, chiefly for the use of Boards of Guardians and their officers, 1840-1851,* Volume 1 and Volume 2 (New York: Augustus M. Kelley, 1970)
Principal Probate Registry, *Calendar of the Grants of Probate and Letters of Administration made in the Probate Registries of the High Court of Justice in England,* 11 May 1881, George Burnet
Slater's Royal National Commercial Directory: Durham, Northumberland and Yorkshire (Manchester: Slater, 1855)
Ward's Northumberland and Durham Directory 1850 (Newcastle-upon-Tyne: Robert Ward, 1850)

Secondary Sources

Abel-Smith, Brian, *A History of the Nursing Profession* (London: Heinemann, 1960)
Ashforth, David, 'The Urban Poor Law', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (Basingstoke: Macmillan, 1976), 128-148.
Ashforth, David, 'Settlement and removal in urban areas: Bradford, 1834-71', in *The poor and the city: the English poor law in its urban context, 1834-1914,* ed. by Michael E. Rose (Leicester: Leicester University Press, 1985), 57-92.
Bartlett, Peter, *The Poor Law of Lunacy*, *The administration of pauper lunatics in mid-nineteenth-century England* (London: Leicester University Press, 1999),
Beck, Ann, 'Issues in the Anti-Vaccination Movement in England', *Medical History,* 4 (1960), 310-321.
Bellamy, C., *Administering Central-Local Relations, 1871-1919: The Local Government Board in Its Fiscal and Cultural Context* (Manchester: Manchester University Press, 1988)
Blaug, Mark, 'The Myth of the Old Poor Law and the Making of the New', *The Journal of Economic History*, 23 (1963), 151-184.

Boyer, G., *An Economic History of the English Poor Law 1750-1850* (Cambridge: Cambridge University Press, 2008)
Brand, Jeanne L., 'The Parish Doctor: England's Poor Law Medical Officers and Medical Reform 1870-1900', *Bulletin of the History of Medicine,* 35 (1961), 97-122.
Brown, Douglas, 'Supplying London's Workhouses in the Mid-Nineteenth Century', *The London Journal*, 41 (2016), 36-59.
Brundage, Anthony, 'The Landed Interest and the New Poor Law: A Reappraisal of the Revolution in Government', *The English Historical Review*, 87 (1972), 27-48.
Brundage, Anthony, 'The Landed Interest and the New Poor Law: A Reply', *The English Historical Review*, 90 (1975), 347-351.
Brundage, Anthony, *The Making of the New Poor Law: The politics of inquiry, enactment and implementation, 1832-39* (London: Hutchinson, 1978)
Brundage, Anthony and Eastwood, David, 'The Making of the New Poor Law Redivivus', *Past & Present*, 127 (1990), 183-194.
Brunton, Deborah, 'Chapter 4: The rise of laboratory medicine', in *Medicine Transformed, Health, Disease and Society in Europe, 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004), 92-118.
Brunton, Deborah, 'Chapter 5: The emergence of a modern profession?', in *Medicine Transformed, Health, Disease and Society in Europe, 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004), 119-150.
Brunton, Deborah, *The Politics of vaccination: practice and policy in England, Wales, Ireland, and Scotland, 1800-1874* (Rochester: University of Rochester Press, 2008)
Carter, Paul & Natalie Whistance, 'The Poor Law Commission: A New Digital Resource for Nineteenth-century Domestic Historians', *History Workshop Journal,* 71, (2011), 29-48.
Cherry, Steven, *Medical services and the hospitals in Britain, 1860-1939* (Cambridge: Cambridge University Press, 1996)
Clark, Ann, 'Compliance with Infant Smallpox Vaccination Legislation in Nineteenth-century Rural England: Hollingbourne, 1876-88', *Social History of Medicine,* 17 (2004), 175-198.
Cookson, Gillian, 'Quaker Families and Business Networks in Nineteenth-Century Darlington', *Quaker Studies,* 8 (2004), 119-140.
Cookson, Gillian, Ed., *The Victorian History of the Counties of England: A History of the County of Durham: Volume V, Sunderland* (Woodbridge: Boydell & Brewer, 2015)
Corfield, Penelope J., 'From Poison Peddlers to Civic Worthies: The Reputation of the Apothecaries in Georgian England', *Social History of Medicine,* 22 (2009), 1-21.
Crosby, June and H. J. Smith, eds., *Chester-le-Street in 1851* (Durham: Durham University, 1983)
Crowther, M. A., *The Workhouse System 1834-1929: The History of an English Social Institution* (London: Methuen & Co Ltd, 1981)
Crowther, M. A., 'Paupers or Patients? Obstacles to Professionalization in the Poor Law Medical Service Before 1914', *Journal of the History of Medicine and Allied Sciences,* 39 (January 1984), 33-54.
Davenport, Romola, Leonard Schwarz & Jeremy Boulton, 'The decline of adult smallpox in eighteenth-century London', *The Economic History Review,* 64 (November 2011), 1289-1314.
Davenport, Romola, Max Satchell & Leigh Matthew William Shaw-Taylor, 'The geography of smallpox in England before vaccination: A conundrum resolved', *Social Science & Medicine,* 206 (2018), 75-85.
Davies, Celia, (Ed.), *Rewriting nursing history* (London: Croom Helm, Barnes & Noble, 1980)
Digby, Anne, 'The Rural Poor Law', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (Basingstoke: Macmillan, 1976), pp. 149-170.
Digby, Anne, *Pauper Palaces* (London: Routledge & Kegan Paul Ltd, 1978)

Digby, Anne, *Making a medical living, Doctors and patients in the English market for medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994)
Digby, Anne, *The Evolution of British General Practice 1850-1948* (Oxford: Oxford University Press, 1999)
Dingwall, Robert, Anne-Marie Rafferty & Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988)
Dixon, C. W., *Smallpox* (London: J. & A. Churchill, 1962)
Driver, Felix, *Power and pauperism: The Workhouse System, 1834-1884* (Cambridge: Cambridge University Press, 1993)
Dunkley, Peter, 'The Landed Interest and the New Poor Law: A Critical Note', *The English Historical Review*, 88 (1973), 836-841.
Dunkley, Peter, 'The 'Hungry Forties' and the New Poor Law: A Case Study', *The Historical Journal*, 17 (1974), 329-346.
Dunkley, Peter, 'Paternalism, the Magistracy and Poor Relief in England, 1795-1834', *International Review of Social History,* 24 (1979), 371-397.
Durbach, Nadja, ''They Might as Well Brand Us': Working-Class Resistance to Compulsory Vaccination in Victorian England', *Social History of Medicine,* 13 (2000), 45-62.
Durbach, Nadja, *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907* (Durham, NC.: Duke University Press, 2005)
Eastwood, David, *Governing Rural England, Tradition and Transformation in Local Government, 1780-1840* (Oxford: Clarendon Press, 1994)
Englander, David, *Poverty and Poor Law Reform in Nineteenth Century Britain, 1834-1914* (London: Longman, 1998)
Flinn, M. W., 'Medical Services under the New Poor Law', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (Basingstoke: Macmillan, 1976), 45-66.
Forsythe, Bill, Joseph Melling & Richard Adair, 'The New Poor Law and the County Pauper Lunatic Asylum – The Devon Experience 1834-1884', *The Society for the Social History of Medicine,* 9, (1996), 335-55.
Fowler, Simon, *The Workhouse: The People, the Places, the Life Behind Doors* (Barnsley: Pen and Sword History, 2014)
Fraser, Derek, 'Introduction', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (Basingstoke: Macmillan, 1976), 1-24.
Fraser, Derek, *The Evolution of the British Welfare State: a history of social policy since the Industrial Revolution* (Basingstoke: Palgrave macmillan, 2009)
Gestrich, Andreas, Elizabeth Hurren & Steven King, *Poverty and Sickness in Modern Europe: Narratives of the Sick Poor, 1780-1938* (London: Continuum, 2012)
Glynn, Ian and Jennifer Glynn, *The Life and Death of Smallpox* (London: Profile Books, 2004)
Gooch, Leo, 'The Implementation of the New Poor Law in the lead-mining districts of North East England, 1814-1844', *Journal of Durham County Local History Society,* 33 (1984), 7-23.
Green, E. R. R., 'The Great Famine (1845-1850)', in *The Course of Irish History,* ed. by T. W. Moody and F. X. Martin (Cork: The Mercier Press, 1987)
Hamlin, Christopher, 'Agency and Authority in Nineteenth-century English Local Government', in *Ein europäisches Phänomen des langen 19. Jahrhunderts,* ed. by Gansenmüller, Jörg & Tatjana Tönsmeyer, (Köln: Böhlau, 2016)
Hardy, Anne, 'Smallpox in London: Factors in the Decline of the Disease in the Nineteenth Century', *Medical History,* 27 (1983), 111-138.
Hardy, Anne, *The Epidemic Streets* (Oxford: Clarendon Press, 1993)
Harling, Philip, 'The Powers of the Victorian State' in Peter Mandler, Ed., *Liberty and Authority in Victorian Britain* (Oxford: Oxford University Press, 2006), 25-50.

Harris, Bernard, *The Origins of the British Welfare State: Society, State and Social Welfare in England and Wales, 1800-1945* (Basingstoke: Palgrave macmillan, 2004)
Helmstadter, Carol, 'Shifting boundaries: religion, medicine, nursing and domestic service in mid-nineteenth-century Britain', *Nursing Inquiry,* 16 (2009), 133-143.
Hennock, E. P., *British Social Reform and German Precedents: The Case of Social Insurance 1880-1914* (Oxford: Oxford University Press, 1987)
Henriques, Ursula, 'How Cruel Was the Victorian Poor Law?', *The Historical Journal,* 11 (1968), 365-371.
Higgs, E., *The Information State in England: The Central Collection of Information on Citizens since 1500* (Basingstoke: Palgrave Macmillan, 2004)
Hodgkinson, Ruth, 'Poor Law Medical Officers of England, 1834-71', *Journal of the History of Medicine and Allied Sciences,* 11 (July 1956), 299-338.
Hodgkinson, Ruth, *The Origins of the National Health Service: The Medical Services of the New Poor Law, 1834-1871* (London: The Wellcome Historical Medical Library, 1967)
Holloway, S. W. F., 'Medical Education in England, 1830-1858: A Sociological Analysis', *History,* 49 (1964), 299-324.
Horrell, Sara, and Deborah Oxley, 'Bringing home the bacon? Regional nutrition, stature, and gender in the industrial revolution', *The Economic History Review,* 65 (November 2012), 1354-1379.
Huerkamp, Claudia, 'The History of Smallpox Vaccination in Germany: A First Step in the Medicalization of the General Public', *Journal of Contemporary History,* 20 (Oct 1985), 617-635.
Hulonce, Lesley, *Pauper Children and Poor Law Childhoods in England and Wales 1834-1910* (Self-published with Kindle, 2016)
Hunt, Christopher John, 'The economic and social conditions of lead miners in the North Pennines in the eighteenth and nineteenth centuries' (unpublished PhD thesis, Durham University, 1968)
Hurren, Elizabeth T., *Protesting about Pauperism, Poverty, Politics and Poor Relief in Late-Victorian England 1870-1900* (Woodbridge, Suffolk: The Boydell Press, 2015)
Jones, Peter & Steven King, *Pauper Voices, Public Opinion, and Workhouse Reform in Mid-Victorian England: Bearing Witness* (London: Palgrave macmillan, 2020)
Jordan, Ellen, *The women's movement and women's employment in Nineteenth century Britain* (London: Routledge, 1999)
King, Steven, *Poverty and welfare in England 1700-1850, A regional perspective* (Manchester: Manchester University Press, 2000)
King, Steven, 'Friendship, kinship and belonging in the letters of urban paupers 1800-1840', *Historical Social Research,* 33 (2008), 249-77.
King, Steven, *Sickness, medical welfare and the English poor, 1750-1834* (Manchester: Manchester University Press, 2018)
Lambert, R. J., 'A Victorian National Health Service: State Vaccination 1855-71', *The Historical Journal*, 5 (1962), 1-18.
Lane, Joan, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (London and New York: Routledge, 2001)
Lees, Lynn Hollen, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1948* (Cambridge: Cambridge University Press, 1998)
Marland, Hilary, 'Chapter 2: The changing role of the hospital, 1800-1900', in *Medicine Transformed, Health, Disease and Society in Europe, 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004), 31-60.
McCord, Norman, 'The Implementation of the 1834 Poor Law Amendment Act on Tyneside', *International Review of social History,* 14 (1969), 90-108.

McCord, Norman, 'The Government of Tyneside, 1800-1850', *Transactions of the Royal Historical Society,* 20 (1970), 5-30.
McCord, Norman, 'The Poor Law and Philanthropy', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (Basingstoke: Macmillan, 1976), 87-110.
McCord, Norman, *North East England: an economic and social history* (London: Batsford, 1979)
McCord, Norman, *British History, 1815-1906* (Oxford: Oxford University Press, 1991)
Milburn, G. E. 'The Census of Worship in 1851', *Durham County Local History Society,* 8 (1974), 3-20.
Milburn, G. E. 'Religion in Sunderland in 1851', *Durham County Local History Society,* 18 (1975), 2-28.
Miller, Ian, 'Feeding in the Workhouse: The Institutional and Ideological Functions of Food in Britain, ca. 1834-70', *Journal of British Studies,* 52 (October 2013), 940-962.
Mooney, Graham, '" A Tissue of the Most Flagrant Anomalies": Smallpox Vaccination and the Centralization of Sanitary Administration in Nineteenth-Century London', *Medical History,* 41 (1997), 261-290.
Parry, Jonathan, *The Rise and Fall of Liberal Government in Victorian Britain* (New Haven, Conn., Yale University Press, 1993)
Paterson, Audrey, 'The Poor Law in Nineteenth-Century Scotland', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (London: The Macmillan Press Ltd, 1976), 171-193.
Plotkin, Stanley A., ed., *History of Vaccine Development* (New York: Springer Science and Business Media, 2011)
Porter, Dorothy & Roy Porter, 'The Politics of Prevention: Anti-vaccinationism and Public Health in Nineteenth Century England and Wales', *Medical History,* 32 (1988), 231-252.
Price, Kim, *Medical Negligence in Victorian Britain* (London: Bloomsbury, 2015)
Reason, James, *Human Error* (Cambridge: Cambridge University Press, 1990)
Renwick, Chris, *Bread for All, The Origins of the Welfare State* (London: Penguin Books, 2017)
Rhodes, Maxine, 'Women in medicine: doctors and nurses, 1850-1920', in *Medicine Transformed, Health, Disease and Society in Europe, 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004), 164-79.
Rose, Michael E., 'Settlement, Removal and the New Poor Law', in *The New Poor Law in the Nineteenth Century,* ed. by Derek Fraser (Basingstoke: Macmillan, 1976), 25-44.
Rose, Michael E., ed., *The poor and the city: the English poor law in its urban context, 1834-1914* (Leicester University Press, 1985)
Rushton, Peter, 'The Poor Law, the Parish and the Community in North-East England, 1600-1800', *Northern History,* 25, 1, (1989), 135-152.
Schlich, Thomas, 'The emergence of modern surgery', in *Medicine Transformed, Health, Disease and Society in Europe 1800-1930,* ed. by Deborah Brunton (Manchester: Manchester University Press, 2004)
Shave, Samantha, 'The dependent poor? (Re)constructing the lives of individuals "on the parish" in rural Dorset, 1800-1832', *Rural History,* 20 (2009), 67-97.
Shave, Samantha, "'Immediate Death or a Life of Torture Are the Consequences of the System': The Bridgwater Union Scandal and Policy Change", in *Medicine and the Workhouse,* ed. by Jonathan Reinarz and Leonard Schwarz, (Boydell and Brewer, 2013)
Shave, Samantha, *Pauper Policies, Poor Law Practice in England, 1780-1850* (Manchester: Manchester University Press, 2017)
Smith, J. R., *The Speckled Monster: Smallpox in England, 1670-1970, with Particular Reference to Essex* (Chelmsford: Essex Record Office, 1987)
Sokoll, Thomas, ed., *Essex Pauper Letters* (Oxford, 2001)
Thane, Pat, *Foundations of the Welfare State* (London: Longman, 1996)

Tomkins, Alannah, *The Experience of Urban Poverty, 1723-82: Parish, Charity and Credit* (Manchester: Manchester University Press, 2006)
Tomkins, Alannah, 'Polychronicon: Changing interpretations of the workhouse?', *Teaching History,* 152 (2013), 30-31.
Twigger, Robert, 'Inflation: the Value of the Pound 1750-1998', *Research Paper 99/20* (House of Commons Library: 23 February 1999)
White, Rosemary, *Social Change and The Development of the Nursing Profession, A study of the Poor Law Nursing Service 1848-1948* (London: Henry Kimpton Publishers, 1978)
Williams, Naomi, 'The implementation of compulsory health legislation: Infant smallpox vaccination in England and Wales, 1840-1890', *Journal of Historical Geography,* 20 (1994), 396-412.
Williams, Samantha, 'Earnings, poor relief and the economy of makeshifts; Bedfordshire in the early years of the New Poor Law', *Rural History,* 16 (2005), 21-52.
Williams, Samantha, *Poverty, gender and the life-cycle under the English poor law, 1760-1834* (Woodbridge: Boydell & Brewer, 2011)
Wohl, Anthony S., *Endangered Lives: Public Health in Victorian Britain* (London: M. Dent & Sons, 1983)
Wood, Peter, 'Finance and the urban poor law', in *The Poor and the city: the English poor law in its urban context, 1834-1914,* ed. by Michael E. Rose (Leicester: Leicester University Press, 1985), 19-56.

Theses

Armstrong, Margaret, 'The implementation and operation of the Chester-le-Street Union, 1837-1851' (unpublished MA thesis, Open University, 2017)
Ashforth, David, 'The Poor Law in Bradford c. 1834-1871: A study of the relief of poverty in mid-nineteenth century Bradford' (unpublished doctoral thesis, University of Bradford, 1979)
Butler, Graham A., 'Disease, Medicine and the Urban Poor in Newcastle-upon-Tyne, c. 1750-1850' (unpublished doctoral thesis, Newcastle University, 2012)
Clement-Lorford, Francis J., 'The reality and perception of The Poor Law Amendment Act (New Poor Law) of 1834 on the working class and poor in the Township of Huddersfield' (unpublished master's thesis, Roehampton University, 2010)
Davies, Linda Margaret, 'The Conquest of Infant Mortality: The Case of Hemsworth 1871-1911' (unpublished doctoral thesis, The Open University, 2006)
Denny, Elaine, 'The emergence of the occupation of district nursing in nineteenth century England' (unpublished doctoral thesis, University of Nottingham, 1999)
Dunkley, Peter, 'The new poor law and county Durham' (unpublished master's thesis, Durham University, 1971)
Friswell, Caroline A., 'Did king dirt and bumbledom defeat the objects of the public health act, 1848? A case study of the political, social and cultural attitudes to public health reform in Newcastle-upon-Tyne, Gateshead and Sunderland, 1835-1858' (unpublished doctoral thesis: Durham University, 1998)
Manders, Francis William David, 'The administration of the Poor Law in the Gateshead Union, 1836-1930' (unpublished M. Litt. thesis, University of Newcastle upon Tyne, 1980)
Marland, M. H., 'Medicine and Society in Wakefield and Huddersfield, 1780-1870' (unpublished doctoral thesis, University of Warwick, 1984)
Negrine, Angela, 'Medicine and Poverty: A Study of the Poor Law Medical Services of the Leicester Union, 1867-1914' (unpublished doctoral thesis, University of Leicester, 2008)
Nossiter, Thomas Johnson, 'Elections and political behaviour in County Durham and Newcastle, 1832-74 (unpublished doctoral thesis, Oxford University, 1968)

Ritch, A. E. S., 'Medical Care in the Workhouses in Birmingham and Wolverhampton, 1834-1914' (unpublished doctoral thesis, University of Birmingham, 2014)
Rose, Michael E., 'The Administration of the Poor Law in the West Riding of Yorkshire' (unpublished doctoral thesis, Oxford University, 1965)
Rothery, Karen, 'The Implementation and Administration of the New Poor Law in Hertfordshire c. 1830-1847' (unpublished doctoral thesis, University of Hertfordshire, 2016)
Sumbler, J. P., 'Child poverty in Victorian Shropshire: children and the Shropshire Poor Law Unions 1834-1870' (unpublished doctoral thesis, Keele University, 2016)
Thompson, Kathryn M., 'The Leicester Poor Law Union, 1836-71' (unpublished doctoral thesis, University of Leicester, 1988)
Wildman, Stuart, 'Local Nursing Associations in an Age of Nursing Reform, 1860-1900' (unpublished doctoral thesis, University of Birmingham, 2012)
Wood, Peter Alfred, 'The activities of the Sunderland Poor Law Union 1834-1930' (unpublished M. Litt. thesis, University of Newcastle upon Tyne, 1975)

Websites

Higginbotham, Peter, 'Liverpool, Lancashire', <http://www.workhouses.org.uk/Liverpool/>, [accessed 8 June 2020]
A Short History of Gateshead (Gateshead Metropolitan Borough Council, 1998), <https://www.genuki.org.uk/big/eng/DUR/GatesheadHistory/Ch1> [Accessed 18 December 2021]